

FORGIVENESS: A CORRELATIONAL STUDY BETWEEN THE SPIRIT OF
FORGIVENESS AND PHYSICAL HEALTH IN SENIOR CITIZENS



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Clients who seek counseling are often motivated by the desire to move beyond or overcome past hurts and injustices. Though the desire may be there, the skill to do so is lacking. As counselors, we facilitate the process by our knowledge and expertise. One strategy to recover from past injustices is forgiveness. Forgiveness can be the catalyst for healing and regaining one's peace of mind. Clients are reluctant to choose forgiveness for it carries the stigma of defeat. Knowing that forgiveness is connected to improved outcomes may be the appeal to select forgiveness.

This study involved 203 senior citizens, male and female, whose ages ranged from 65 to 82. Sixty-six percent were between 65 and 75, 47% ranged from 76 to 79 and 22% were 80 and older. The volunteers were primarily from a Central Florida Catholic Church. The following instruments were given to each participant: Enright Forgiveness Inventory, The Anger Expression Scale, The 27-Item Version of the Cook and Medley Hostility Scale, and the Physical Health Status and Health-Risk Variables.

Separate correlation analyses were performed for the EFI and anger and EFI and hostility, EFI Anger and hostility and predictor variables and physical health measures. Multiple regression analyses were performed with predictor variables and physical health. Unlike previous research, these results did not show any significant correlation between forgiveness and physical health.

CHAPTER 1 INTRODUCTION

Statement of the Problem

Health-related quality of life or the capability to function in the physical, psychosocial and sociological domain of health is of growing interest in the field of aging (Badger, 2001). Today, there are 78 million American baby boomers—persons between ages 35 and 53—comprising nearly one-third of the total U.S. population. According to psychologist and entrepreneur Den Dychtwald (1999), the 20th century had been in the domain of the young, but the 21st century will belong to the “new-old.” Two-thirds of all the people who have ever lived past age 65 in the entire history of the world are presently alive today. He predicts that this population, the aging baby boomers, will crave vigor, vitality, and life extension. The irony of past medical successes, he believes, is that they have produced legions of long-lived elders who wrestle with the very problems that the American health care system is ill-equipped to handle, such as heart disease, cancer, arthritis, osteoporosis, and Alzheimer’s.

These are the health risks that elderly face as they are graced with longevity. A severe problem, often unmentioned, that plagues the senior years is the struggle with depression. Depression is a serious problem among persons aged 65 and older and often is missed in primary care practice (Butler, Cohen, Lewis, Simmons-Clemmons, & Sunderland, 1997). Though the prevalence of major depression among people age 65 and over in community surveys stands at 15%, another 15% suffer from some degree of

adjustment disorder, chronic depression, and other forms of minor depression (Diagnosis and Treatment, 1991). Prevalence in nursing homes is 12% to 22% for major depression disorder and over 15% to 30% for minor depression (American Psychiatric Association, 1994).

This is noteworthy because depression is linked with physical health problems (Koenig, 1999). Depression, along with anxiety, in medically ill seniors both increases the morbidity and mortality and burdens not only the individual but society with higher health costs and utilization. It is also linked to a poorer functional status and outcomes for patients (Kim, Braun, & Kunick, 2001). Ormel and colleagues (1998) noted that depressive symptoms contribute more to functional disability, poor health perception, and poor well-being than most chronic medical conditions. In persons aged 65 and older, the incidence of depression increases with the degree of physical health problems. Higher levels of mortality among depressed patients may have as a contributor psychological stress, which triggers the production of cortisol by the adrenal glands and thereby adversely affects the immune system. Unfortunately 70% to 90% of late-life depression is undiagnosed (Koenig, 1999).

Untreated depression among older people can be deadly. The suicide rate in old age is the highest of any age group: 67.6 suicides per 100,000 in persons age 85 and older, five times the national rate for all ages of 12 per 100,000 (Butler, 1997). An estimated one out of six patients seen by a primary care physician is suffering from depression. In about 25% of cases of depression, a contributing factor may be chronic physical illness such as heart disease, stroke, cancer, lung disease, arthritis, and Parkinson's disease (Butler, 1997). Depression, especially in older adults, is prevalent but often unrecognized in patients with other medical disorders. If left untreated, comorbid

depression may lead to a worsening of certain medical conditions such as coronary artery disease (Evans, 1997).

Depressed patients suffer from symptomatic and fatal ischemic heart disease at a higher rate than nondepressed patients. Alterations in sympathetic and parasympathetic tone possibly make depressed patients more vulnerable to ventricular fibrillation. Comorbid depression and cardiac disease are commonly encountered by any clinician treating older patients. Furthermore, depressed patients have poorer outcomes than nondepressed patients with similar degrees of heart disease. Depressed patients have a higher than expected rate of sudden cardiovascular death. Patients with depression develop symptomatic and fatal ischemic heart disease at a higher rate when compared with a nondepressed group (Roose, Devanand, & Suthers, 1999).

Depression in older persons is associated with significant decrease in physical mobility and increase in disability associated with activities of daily living. Depression can adversely affect biological processes that may enhance susceptibility to disease or cause neuromuscular functional decline (Penninx & Leveille, 1999). People who are depressed have significantly greater mortality following a myocardial infarction (MI) and are more likely to have a reinfarction. Senior citizens suffering from myocardial infarction often present with restless agitation or confusion. Congestive heart failure can produce anxiety, fatigue, or poor concentration. Hypertension, which affects 40% of the elderly, is often treated with medication that has a high potential of causing depression (Vickers, 1988). Depression puts enormous stress on a person's psychological system. Serotonin levels are decreased in the brain of anyone who is depressed. It has been reported that serotonin levels in platelet cells also might be decreased in depressed people, making platelets more coagulable and increasing the risk of MI (Koenig, 1999).

Besides depression, another disorder confronting not only the senior population but also all Americans is cardiovascular disease. Cardiovascular disease is the leading cause of illness and death in the United States. An estimated 14 million Americans have a history of MI with costs to the health care system reaching \$60 billion per year. The three risk factors that can be modified to lower the risk of cardiovascular disease and death are hypercholesterolemia, hypertension, and cigarette smoking (Pennington & Tecce, 1997).

These are just two striking examples of a myriad of illnesses that affect, in particular, the senior population. Understandably, depression is not solely linked to a lack of forgiveness as there are many causes and factors, yet learning to forgive can be an important antidote. Forgiving is effective in resolving feelings of remorse, guilt, anger, anxiety, and fear (Cerney, 1988; Fitzgibbons, 1986). The field is now ripe for innovative, challenging treatment with increased potential to positively impact the lives of senior citizens with psychiatric symptoms and disorders (Stanley, 2001). Considering the high rate of incomplete response to antidepressants, the negative effects on the quality of life, and costly increases in health care, it poses a challenge to the medical fields to find a suitable option (Scogin et al., 2001). Using psychosocial treatments as adjuncts to the antidepressant medication is an appealing option. Psychotherapy is designed to get to the root of the problem, which medicated treatment is unable to target. Psychosocial treatments can present coping strategies to utilize when facing stressors and the means for dealing with demoralization and feelings of hopelessness and despair (Scogin et al., 2001). Forgiveness can be a major component in the healing process. Forgiveness interventions have been related to reductions in anxiety (Al-Mabuk, Enright, & Cardes, 1995; Coyle & Enright, 1997; Freedman & Enright, 1996), reductions in anger (Coyle &

Enright, 1997), and reductions in depression (Freedman & Enright, 1996). Evidence has emerged that positive emotional states, such as love, and conditions that foster positive emotions, such as intimate relationships, have health-enhancing effects (Medalie & Goldbourt, 1996; Medalie, Strange, Zyzanski, & Goldbourt, 1992; Seeman & Syme, 1987). Forgiveness quite possibly can have an empirically discernable positive influence on physical health.

Forgiveness involves the affective, cognitive, and behavioral systems. When one forgives, certain elements are subtracted from each system. A key benefit is that negative emotions, such as anger, hatred, resentment, hostility, sadness and/or contempt, are given up (Richards, 1988). In the cognitive system, one gives up condemning and blaming judgment and the plotting of revenge where this was occurring. In the behavioral system, one chooses to no longer act out of revenge (North, 1987).

When one forgives, certain elements are added to each system. In the affective system, the negative emotions are replaced by more neutral emotions and eventually by positive acts, such as unselfish love (Cunningham, 1985; Downie, 1965; North, 1987). On the cognitive system, the offender may realize he or she has a right to negative emotions, yet is most willing to give them up (North, 1987). Positive thoughts now emerge toward the offender (Smedes, 1984). There is the promising potential for the forgiver to experience both inner release and healed relationship (Augsburger, 1981).

Although the relationship between forgiveness and positive emotions has yet to be investigated empirically, present correlational data have shown significant positive relations between forgiveness and a sense of well being (Ashleman, 1996; Nousse, 1997). When one sincerely forgives, emerging positive emotions may greatly influence the

quality of the relationship between the two parties. Consequently, forgiveness may have a substantial and lasting impact on the physical health of the offended.

The benefits from the effort to forgive outweigh the struggle to achieve it. Significant among them are a decreased level of anger and hostility and increased feelings of love and compassion (Medalie & Goldbourt, 1996; Seeman & Syme, 1987; Shapiro, Schwartz, & Aston, 1996), improved ability to deflate anger (Coyle & Enright, 1997; Huang, 1990; Sarinopoulos, 1996), enhanced capacity to trust, and freedom from the subtle control of individuals and events of the past. Of particular importance is the decrease of the feelings of anger and hostility.

Although not entirely consistent, there is striking evidence for a relationship between hostility and coronary heart disease (CHD). Miller and colleagues (Miller, Smith, Turner, Guizarro, & Hallet, 1996) noted that hostility was independently associated with objective evidence of CHD, for example, confirmed myocardial infarction. Some evidence is beginning to emerge on some of the dire effects that hostility might possibly have on the cardiovascular system. Hostility was found to be associated with angiographic coronary stenosis (Barefoot et al., 1994; Williams et al., 1980) and silent ventricular dysfunction (Burg, Jain, Soufer, Kerns, & Zaret, 1993). Further, hostility has been connected to other life threatening illnesses and mortality (Chesney & Rosenman, 1985; Friedman, 1992; Johnson, 1990; Matthews et al., 1986; Smith, 1992). Schekelle, Gail, Ostfelt, and Paul (1983) found hostility scores to predict mortality from not only CHD but from other illnesses as well. Impressively, Barefoot, Dahlstrom, and Williams (1983) and Barefoot, Dodge, Peterson, Dahlstrom, and Williams (1989) found that hostility singularly predicted all-cause mortality over 25- and 28-year follow-up periods.

An impressive body of evidence has been gathered on the relationship between anger expression and hypertension. Not only suppressed (Diamond, 1982; Harburg, Blakelock, & Roeper, 1979; Harburg et al., 1973; Julius & Johnson, 1985; Thomas, 1997) but expressed anger (Engebretson, Matthews, & Scheier, 1989; Gentry, 1985; Gentry, Chesney, Gary, Hall, & Harburg, 1982; Schalling, 1985; Spielberger et al., 1985) have been found to be significantly related to elevated blood pressure and hypertension.

Links between stress or distress and immunity may have even more potent health consequences for older adults because immune function declines with age, particularly functional aspects of the cellular immune response (Murasko, Weiner, & Kaye, 1988; Wayne, Rhyne, & Garry, 1990; Yoshikawa, 1983). Among adults over 75 years of age, pneumonia and influenza together are the fourth leading cause of death (Yoshikawa, 1983).

Besides hostility, anger has also been shown to affect other common health problems. Arena, Bruno, Rozantne, and Meador (1997) found that tension headache sufferers stored significantly more suppressed anger compared to nonpain controls. In a national sample of Black adults, Johnson and Broman (1987) found that increased levels of outwardly expressed anger was associated with a greater number of health problems (e.g., ulcers, cancer, hypertension, and diabetes). Supporting this premise, Vandervoort, Ragland, and Syme (1996) found that both suppressed and expressed anger aggravated health problems ranging from gastrointestinal to musculoskeletal health complaints.

The Role of Forgiveness

Forgiveness is closely, though not solely, connected to a religious/spiritual outlook. Many elders turn to their religiousness to help cope with physical and emotional problems (Koenig, 1999). Religiously committed older adults are notably healthier,

happier, and enjoy greater life satisfaction and are less depressed, anxious, and lonely (Koenig, 1999). Religious coping has been related to lower rates of depression in both cross-sectional (Idler, 1987; Koenig, Cohen, Blazer, Kudler, Krishnan, & Sibert 1995; Pressman, Lyons, Larson, & Strain, 1990) and longitudinal studies (Idler & Kasl, 1992; Koenig et al., 1992). A number of studies have demonstrated that religiously active older adults have lower blood pressure (Larson et al., 1989), fewer strokes (Colantino, Kasl, & Ostfeld, 1992), fewer deaths from coronary heart disease (Goldbourt, Yaari, & Medalie, 1993), and longer survival overall (Gartner, Larson, & Allen, 1991; Zuckerman, Kasl, & Ostfeld, 1984)

Definition of Term

Enright and the Human Development Study Group [HDSG] (1991a) developed their definition from a threefold approach: how one thinks, feels and acts toward the offender. The definition includes judgments (how the forgiver thinks about the offender) emotions (how one feels toward the offender), and behavior (how the forgiver acts toward the offender) in the forgiveness process. This definition has been operationalized in the Enright Forgiveness Inventory (Subkoviak, Enright, & Wu, 1992), which provides the means for quantitatively measuring levels of interpersonal forgiveness in the affective, behavioral, and cognitive domains.

The definition is as follows:

Forgiveness is the overcoming of negative affect and judgment toward the offender, not by denying ourselves the right to such affect and judgment but by endeavoring to view the offender with benevolence, compassion, and even love, while recognizing that he or she has abandoned the right to them. (Subkoviak et al., 1992, p. 3)

The Purpose of the Study

This study is an investigation of the relationship between forgiveness and physical health in senior citizens that has yet to be empirically investigated. The scientific evidence that anger and its related concept of hostility are health hazards has grown rapidly over the past few decades (e.g., Friedman, 1996; Kranz, Baum, & Singer, 1983; Stone, Cohen, & Adler, 1979; Williams & Williams, 1993) and will be analyzed. As well, there is evidence that indicates that wholesome emotions such as love and healthy relationships with those close to us have health-enhancing effects (e.g., Coleman, 1989; Ornish, 1998).

As forgiveness is a process in which negative emotions are replaced by positive emotions and wounded relationships can be healed (Hope, 1987), forgiveness might have an empirically discernable positive influence on physical health. Thereby, the main goal of the present study is to access the relationship of forgiveness, hostility, and suppressed and expressed anger with physical health while taking into account the impact of a number of demographic and health risk factors (e.g., sex, body mass, smoking, alcohol, salt, caffeine, and exercise).

Hypotheses

The following hypotheses were investigated in this study.

1. Forgiveness will be positively related to physical health. High scorers on forgiveness will have fewer physical health problems, and vice versa.
2. Hostility and both suppressed and expressed anger will be negatively related to physical health. High scorers on anger and hostility will have more physical health problems, and vice versa.
3. Forgiveness, anger and hostility will remain significantly related to physical health after controlling for age, sex, smoking, liquor, caffeine, body mass, exercise, and salt.

4. Forgiveness will remain significantly related to physical health after controlling for anger and hostility.

Significance of the Study

Forgiveness can play a major role in the healing process. A number of mental health professionals have suggested the expression of anger as a more appropriate way to deal with negative emotions (Freud, 1963; Janov, 1970; Novoca, 1975; Rubin, 1970). The expression of anger is not only important but salutary; but when solely relied on for relief, it is inadequate to prevent serious complications because of the degree and strength of unresolved anger from previous disappointments encountered in childhood, adolescence, and adult life (Fitzgibbons, 1986). Forgiveness may fulfill that vital role for healing.

The goal of the therapeutic process is to help people resolve painful and self-defeating patterns of behavior. All therapists are confronted in their work with the facts of injustice, the abuse of the weak by the strong, betrayal of trust, loyalty, and innocence. One sees the results of these actions in adult clients in the patterns of self-punishment and self-limitation in their distorted images of the social world in the rage directed inward acted out against other or anesthetized with substances. (Hope, 1987, p. 241)

As clients may resist or be hesitant to change or employ the paradoxical act of forgiveness, the hope of enhanced physical health may prove to be an invaluable incentive. If forgiveness can be seen as a gift that we give ourselves (Freedman & Enright, 1996), clients may be more willingly to avail themselves of this salutary act, leading to freedom and healing of the mind, body, and emotions.

CHAPTER 2 REVIEW OF LITERATURE

Without forgiveness, resentment builds in us, a resentment which turns into hostility and anger. Hatred eats away at our well-being. (Archbishop Tutu, 1995)

Forgiveness as a psychotherapeutic goal was virtually untapped until the 1980s. If one would examine the published voices examining interpersonal forgiveness, the likely conclusion would be that the psychological treatment of forgiveness has been overlooked until recently (McCullough, Worthington, & Rachal, 1997). Besides the theological circles, forgiveness appears to have been ignored throughout all of academia, not just in the social sciences (Enright & North, 1998). The major theories of personality appear to have not been interested in the process of forgiveness (Shontz & Rosenak, 1988). It has been a long time since Augustine's *City of God* (413) discussed interpersonal forgiveness, and it is from that date in history that forgiveness between people fell deafly silent in published literature (Augustine, 397/1963).

From this dormant state, forgiveness now claims a reputable place in the main stream of psychotherapeutic literature from many and diverse perspectives. Looking over the past 15 years, forgiveness has crossed over from its acknowledged domain in religious literature and practice into the scientific community. Empirical research has shown impressive results, and practitioners are developing both an enthusiasm and interest for its wide angle potential (Lampman, 1999). Once relegated to religious circles and considered as the extra mile of mercy toward the offender that is required from a

"believer," forgiveness is now a viable tool for those striving to overcome estrangement and negative emotions (Smedes, 1996). Forgiveness is now emerging in philosophy (North, 1987; Richards, 1988), psychotherapy (McCullough, Pargament, & Thoresen, 2000), marital counseling (Boon & Sulsky, 1997), family therapy (DiBlasio & Proctor, 1993) and developmental psychology (Enright & HDSG, 1991a) as an important component for positive health outcomes (Coyle & Enright, 1997; Freedman & Enright, 1996; Kaufman, 1984) and even inner healing for HIV/AIDS patients (Childs, 2001; Redfield, 2001) and physical health (Sarinopoulos, 1999; Luskin et al., 2001; Witvliet, *in press*).

Forgiveness has been rare in the empirical literature possibly because it has been so closely tied to theology, not science (Fitzgibbons, 1986; North, 1987; Shontz & Rosenak, 1988). Understandably, forgiveness has always been recognized as important for the healing process in biblical literature, particularly in Christian literature. Most likely due to its strong religious connotation, forgiveness was ignored in psychotherapy with only two professional articles before 1988 (Fitzgibbons, 1986). Fitzgibbons (1986) speculates that the absence of forgiveness studies in psychology is likely due to the concept's identification with theology.

Secular psychology has not dealt adequately with the topic. Seemingly, this has been in the past due to the "paranoia" of secular psychology concerning its much-desired "scientific" status. Psychologists historically have not wanted to address any topic that is philosophical or religious (Van Leeuwen, 1982). No doubt, this belief is partially rooted in the historical separation between the therapeutic professions and religion (Denton & Martin, 1998). DiBlasio and Benda (1991) found that there is a strong bias in the psychological community against using concepts that have religious connotations. They

point out that religiously oriented concepts are frequently presented in highly abstract ways without practical application to everyday problems. Even counselors with a religious background similar to that of their clients may believe that religious issues belong outside the secular counseling session (Worthington, 1989). Wulff (1996) wrote that the psychology of religion is rather descriptive (documenting the varieties and types of religious experiences) or explanatory (seeking the origins of religious experience and psychological, biological, or environmental events). The explanatory approach (harboring such distinguished names as Sigmund Freud, James Leuba, and B. F. Skinner) typically has been hostile to religion seeing it as a cause of pathology. This separation has been said to reflect humanistic values thought to underlie therapeutic systems and therapists (Bergin, 1980; McMinn, 1984). Writers such as Ellis (1960, 1980) have emphasized their perspective that religion is a clear source for pathology and that humanism can supply all the values of religion with none of the neuroses. It is no wonder that forgiveness with its strong religious connections had gone virtually ignored until the mid-80s. This lack of acceptance towards forgiveness due to its close connection to spiritual principles is also its source of strength. It is its connection to spiritual principles that adds to, rather than subtracts from, its strength. There is a spiritual reality and spiritual experiences make a difference in our behavior (Bergin, 1988).

A major contribution of a spiritual perspective is that it anchors value in universal terms. This is important because therapeutic interventions are not value-free. Values determine the goals of the treatment. They also play a vital role in the selection of techniques and in the evaluation of outcomes (London, 1986; Lowe, 1976). What values determine the goals of treatment? How do we set those goals? All goals, whether they are goals for symptom relief or goals to modify a lifestyle, are supported by value systems.

Rather than being a stumbling block, forgiveness' spiritual roots should enhance, rather than subtract, its favor in the psychological field.

Another possible reason that there has been no investigation of forgiveness in the psychoanalytic literature is that psychoanalysis resolves conflict by excusing. When, for example, clients work through childhood injuries, they develop insight into why their parents might have treated them as they did. Instead of judging their parents with primitive standards, they learn to interpret their parents in more moderated and mature ways (Gabbard, 1990). This new understanding explains their parents' behavior in a way that makes them helpless victims of their own conditioning. Rather than remain trapped in the patterns that trapped their parents, patients choose to find new ways of living for themselves. They go forward on their own rather than go back to work things out with their parents who are excused rather than forgiven (Veenstra, 1992). As well, the paradoxical nature of forgiveness leaves it vulnerable, not to be understood or appreciated as a helpful healing element. It appears on the surface as too simple, impractical, or not applicable to the serious problems of life (Hope, 1987).

Why Now Forgiveness?

To what can one attribute this relatively new interest and respect for the role of forgiveness in the field of mental health? Two movements may have heralded the role of forgiveness. First, the Alcoholics Anonymous approach expanded to assist the adult children of alcoholic parents grappling with the emotional aftermath of their childhood abuse (Ackerman, 1987; Middleton-Moz & Divinell, 1986), and secular abuse began to uncover the importance of forgiveness in releasing their patients from destructive relationships with their abusive parents (Bass & Davis, 1988; Farmer, 1989). This insight provided a crack in the defensive wall against forgiveness. Along with this, the 1980s

saw an appreciation toward issues of care and responsiveness as ways to solve moral dilemmas (Gilligan, 1982). Notably absent from the discourse of moral psychology has been the issue of mercy, on how people deal with injustices that have already taken place. Mercy, as a new area of research within moral development, emphasizes a person's willingness to go beyond duty, a willingness to go beyond the requirements of justice toward beneficially aiding someone who may not deserve the kindness. Forgiveness calls for such an attitude and approach (Hebl & Enright, 1993).

Up until the 1980s, the field of moral development was primarily based on the Kohlbergian emphasis on justice. The former field has broadened its parameters to include constructs such as caring (Brabeck, 1989; Gilligan, Ward, & Taylor, 1988) and forgiveness (Enright & HDSG, 1991b). By employing such constructs of care and mercy, it has now been recognized by physicians working with cancer patients (Phillips & Osborne, 1989) and by therapists interested in anger reduction in clients (Fitzgibbons, 1986; Hope, 1987; Kaufman, 1984).

This overdue recognition of the salutary effects of forgiveness has long been awaited. Justice has dominated the study of moral development since Kohlberg's (1985) landmark work. Yet, it is forgiveness, not justice, that is frequently labeled divine, sublime (Morrow, 1984), humanizing (Calian, 1981), courageous (Cunningham, 1985; Kaufman, 1984), healthy (Droll, 1984; Hope, 1987), restorative (Murphy, 1982), and fulfilling (Beck, 1988). Psychiatrists (Kaufman, 1984), pastoral counselors (Cunningham, 1985), counseling psychologists (Eastin, 1988; Hebl, 1990), clinical psychologists (Cole, 1998; Fitzgibbons, 1986; Hope 1987), humanistic writers (Jampolsky, 1985), and developmental psychologists (Enright, Santos, & Al Mabuk, 1989) all have begun discussing and extolling the advantages of interpersonal or person-to-person forgiveness

within the helping professions. Philosophers such as Frankena (1973), however, are quick to point out that a more complete view of morality must encompass not only justice but mercy as well. The basic moral principle underlying justice is equality, whereas the moral principle underlying forgiveness is the more challenging and noble task of love tempered by its moral sense (Enright, Gassin, & Wu, 1992).

What Is Interpersonal Forgiveness?

Ancient Concepts

There are a number of ancient philosophical systems, which may not mention forgiveness by name such as Buddhism and Confucianism but do emphasize the constructs of mercy and compassion. These are the two key components in forgiveness. Forgiveness is embedded in discussions of compassion, magnanimity, and altruism, without sharp or even subtle distinctions among them. This approach is part and parcel to its philosophy. From the many religious accounts of forgiveness, it is most thoroughly and succinctly articulated by the world's great monotheistic faiths—Judaism, Christianity, and Islam (McCullough & Worthington, 1999). These ancient systems, most notably Judaism and Christianity, offer perhaps the most specific and clear cut ideas on interpersonal forgiveness. Looking at these ancient religions along with Hinduism will help contribute to our understanding and knowledge of the roots of forgiveness. Their perspectives on forgiveness offer insight on how religion both influences and forms the understanding and application of the psychological processes in forgiveness.

Pargament and Rye (1998) have proposed several ways in which religion can contribute insight toward forgiveness. Forgiveness properly offered can be sanctified, or imbued, with divine-like qualities. In theistic religions, forgiveness becomes the primary means for imitation of God, fulfilling God's plan, or enhancing one's personal

relationship with the divine. In addition, religion provides numerous role models of individuals who have forgiven despite profound injustices and who invite imitation. Religion also offers world views that may be absent to help victims to reframe their attitudes toward their offenders. Furthermore, religious faith can help individuals cope with the uncertainty surrounding the choice to forgive.

The Hebrew Bible and the subsequent Jewish tradition represent the first thorough expositions of divine and interpersonal forgiveness. The primary Hebrew word *salah* occurs 46 times in the Hebrew Bible and is translated as "to forgive" (Vine, 1985). In this religious context, it refers to God removing sin from the people. According to Landman (1941), *salah* has both a spiritual and a moral connotation. It represents a totally free act of God's removing sin or a person's removing of trespasses of another by placing them out of sight. One of God's primary attributes is God's willingness to forgive sinful individuals (Exodus 34:66-7), provided there are adequate repentance and a desire to improve one's conduct (Landman, 1941). Two other words that incorporate forgiveness in their range of meanings are *kapar*, to cover or atone for wrongdoing, and *nasa*, to lift up a sin and carry it away (Vine, 1985). In Ancient Hebrew culture, there was the well-defined practice of animal sacrifices, which was accompanied by repentance in the removing of sin by the divine authority.

Forgiveness restores the offender to the relation once formerly enjoyed with the other person and community. Such a relation in the Hebrew community demands reciprocal love (Leviticus 19:18). Love here includes all psychological systems of affect, cognition, and behavior (Deuteronomy 6: 5). Peace of mind is also restored (Landman, 1941). Forgiveness in Jewish tradition is not an option but a moral duty based on the

doctrine of "imitatio dei," the imitation of God as supreme forgiver (Newman, 1987; Shapiro, 1978).

One of the most important and distinguishing elements of early Judaism was the core belief that God was capable of forgiving humanity for its transgressions (Klassen, 1966; McCullough, Sandage, & Worthington, 1997; Telfer, 1960). What now perhaps seems expected of God-forgiveness was so innovative that it became the distinguishing mark between Judaism and the other religious traditions in the region of Palestine (McCullough & Worthington, 1999). The possibility of teshuvah (Hebrew for "return" or "repentance"), which could lead to the gift of forgiveness from God, became the focal point of Jewish moral life (Dorf, 1992, 1998; Neusner, 1997; Telfer, 1960). Judaism holds that God forgives on the basis of repentance and that people should be so inspired to forgive repentant transgressors as well (Dorf, 1992, 1998; Neusner, 1997). Thereby, forgiving one's offenders following sincere repentance is not a moral prerogative or expectation within Judaism but a religious duty (Enright, Gassin, & Wu, 1992; Neusner, 1997; Newman, 1987).

In Jewish thought, forgiveness signifies that the very violation itself is removed. The injured parties who forgive may still remove the transgression and retain the right to take some precautions to make sure that they will not suffer that way again. By forgiving the perpetrator, they now accept the individual and are open to a possible ongoing relationship (Dorf et al., 2000). Forgiveness is a core element of the Jewish tradition. The 10 days between Rosh Hoshana and Yom Kippur are holy days in which Jews search their hearts for the wrongs they have committed and ask one another for forgiveness. They desire to begin the new year with a clean slate initiated by the cleansing power of forgiveness. Indeed, forgiveness is the primary work for the Day of Atonement. The

Talmud states that God created repentance before he created the universe (Rodden, 1997).

Forgiveness in New Testament Literature

Hannah Arendt, one of the foremost philosophers of the 20th century, attributes the discovery of the role forgiveness in the realm of human affairs to Jesus of Nazareth (Arendt, 1958). The theological understandings of forgiveness discussed below are rooted in the Hebrew and Christian Scriptures, both of which provide numerous examples of interpersonal forgiveness (Gladson, 1992; Pingleton, 1989). Interpersonal forgiveness is understood theologically within the context of divine forgiveness and in reference to the problem of evil. Forgiveness may be understood as something one discovers rather than something one does or an attitude one has.

The predominant theological understanding of interpersonal forgiveness, as it is depicted in the Christian scriptures, first and foremost in the teachings of Jesus, is that interpersonal and divine forgiveness are inextricably related. One cannot be separated from the other. Theologically, one cannot consider the forgiveness of another person outside unless viewed through the context of God's forgiveness. Soares-Prabhu (1986) states that the reason the Christian Scriptures consistently relate forgiveness to God's forgiveness is because our openness to forgive others is not "just a happy trait of character or an acquired psychological disposition. It is a religious attitude rooted in the core Christian experience of an utterly forgiving God" (p. 59). Rubio (1986) further emphasizes that every experience of forgiveness has God as its ultimate foundation and can only be explained in reference to God. God always plays the leading role in forgiveness.

A second predominant feature in our understanding of forgiveness is from the theological perspective of sin and evil. Sobrino (1986), in his sober analysis of Latin

America as a place of both sin and forgiveness, states that sin is a physical evil for the victim and a moral evil for the perpetrator. The role of forgiveness is to free the sinner (the perpetrator) from this evil and convert and recreate him/her. For Sobrino, the fundamental message regarding forgiveness is that for the radical healing of the sinner to take place, it can be only accomplished through the power of love expressed through the context of forgiveness (Sobrino, 1986). He compares this to how Jesus acted and how many Christians are challenged to act: "Forgive with love in the hope that this love will transform the sinner" (p. 51). Dumortier (1993) describes forgiving as being able to envision a future that would not be a continuation of the past but at the same time, not ignoring the transgressions that occurred in the past and acknowledging that it is part of one's life. In the strength of the present and the strength of forgiveness coexists a tension between the unerasable past and the promise of the future. In his view, forgiveness opens one to the hope of a better future through a God of mercy and a God of forgiveness.

The New Testament writings preserved the terminology and carried over the concepts and metaphorical images of forgiveness in the Old Testament and reapplied them directly to the efficacious results of Christ's death, which provided sinners the righteous basis for divine forgiveness. Human forgiveness resulted from the realization that one has received the unmerited gift of divine forgiveness (Colossians 3:13). A composite picture of God's forgiveness in the New Testament was gained by combining the definitions of the 12 main Greek terms used by writers of the New Testament. As the Lamb of God, Christ came to take away, or bear away, the sin of the world (John 1: 29; 1 John 3: 5). Those who repented and put their faith in Christ had their sins forgiven, blotted out, or obliterated (Col. 2: 14) from their personal record. This action of blotting out, or covering sin (1Peter 4: 8), flowed from God's love and mercy for the sinner.

Rather than treat the sinner in the way he deserved, as an act of unconditional favor, God graciously forgave him (Col.1: 13; Luke7: 42, 43), canceled his debt (Col1: 14), pardoned him, and removed his guilt; and he was discharged (Mark 2: 5), set free from further obligation Matt 18: 27). Forgiveness resulted in the sinner being loosed from his sins and washed clean from its stain (1Cor 6:11). Preeminently, it is Christ's command to his followers that they are to forgive as God has forgiven them (Luke11:4). This remains the guide and model on how we are to forgive. Christians are to offer their enemy forgiveness in return for a transgression. Through forgiveness one becomes like the "heavenly Father" (Matt. 5:48) and is the means to obtain peace.

In the New Testament, the most common words denoting forgiveness in the original Greek are (a) *eleao* (and cognate nouns), show mercy (78 times) and (b) *aphiemi*-release, discharge, put away (64 times). It signifies that sins are sent away, divine punishment is removed, and a harmonious relationship between God and the formerly sinful person is now restored (Vine, 1985). Another word used, though infrequently but in a striking way, is *splanchnizomai*. This term is commonly understood as "feeling sorry for" or "having a compassionate perspective for someone." Its origin is from the word "intestines." A literal translation would be to pour out one's insides (Williams, 2000).

Three other Greek words that include forgiveness in their scope of meanings are *charizomai*, to bestow a favor unconditionally; *apouo*, to release as quasi judicial act or to give up negative judgments and/or behavior toward an offender; and *agape*, to unconditionally love in a charitable or benevolent fashion (Strong, 1984; Vine, 1985). Forgiveness possesses the dual qualities of God's casting away our sin (conditionally on repentance and acceptance of Christ's sacrifice) and drawing the person in love (without condition).

Interpersonal forgiveness in Christianity is to be strictly analogous to the divine form, similar to the mentioned "imitatio dei" (Matthew 18:21-22, Vine, 1985). As one is forgiven, the individual has the duty to practice forgiveness toward others. The forgiver is exemplifying agape by unconditionally drawing the other in love. As in the Hebrew community, love is an addition of elements to affect (positive feelings), cognition (positive thoughts), and behavior (giving back to or serving the community). Similar to the Jewish teachings, both the forgiven and forgiver are restored to a sense of peace and well being (Galatians 5:22). Most Christian theologies still emphasize the constant need to seek forgiveness from people and from God. It is expected of Christians to grant forgiveness to one another as an exercise in the learning to live as brothers and sisters in God's kingdom (MacKintosh, 1927).

The Hebrew and Christian conceptions of forgiveness are more developed than the ancient systems. Some notable differences are (a) they do not embody the concept into general discussions of mercy, (b) they clearly see forgiveness as occurring in the face of considerable injustice, (c) they specify the interpersonal and the interpersonal quality of forgiveness, (d) they consciously bring forgiveness into the arena of ethics by postulating moral love as the foundational principle, and (e) they expound on the precise outcomes (inner peace, communal harmony) through its practice (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992)

Islam

God's desire and ability to forgive all sins is an essential quality of God's character in Muslim theology (Ayoub, 1997). Islamic scriptures and piety similar to Christianity encourage its inherents to forgive others to the same extent that they themselves desire to be forgiven (McCullough & Worthington, 1999). In the eyes of

some scholars, the desire to be more forgiving is more virtuous and endearing to God than is the pursuit of justice (Hathout, 1997). Those who forgive instead of gaining revenge can expect a special blessing from God (Rye et al., 2000).

The concept of forgiveness in the Qur'an is expressed primarily in three terms: (a) 'afw, used 35 times; (b) safhu, used 8 times; and (c) ghafara, used 234 times. 'Afw means to pardon, to excuse a fault, an offense, or a discourtesy, waiver of punishment, and amnesty. Examples of usage in the Qur'an are verses 42:40, 2:187, and 5:95. Safhu means to turn away from a sin or a misdeed. Examples of such usage in the Qur'an are verses 2:109, 15:85, and 43:89. Ghafara or maghfira means to convert, to forgive, and to remit. Examples of usage in the Qur'an are verses 2:263, 42:37, and 43:43 (Asad, 1980).

The God Allah is the ultimate power who can forgive. One of Allah's 99 attributes is Al-Ghafoor, the Forgiving One. Forgiveness means "closing, an account of offense against God or any of his creation" (Ali et al., 2000, p. 21). However forgiveness must meet the criteria of sincerity. An offense may be against (a) a person; (b) a group of persons or society; (c) other creations of God such as animal, plants, land, atmosphere, and bodies of water and the life therein; and (d) God, Allah. Muslims understand that an offense against the creation of God is an offense against God (Ali et al., 2000, p. 21)

Like Christianity, those who desire to be forgiven for their own offenses must learn to forgive others (Luke 11:4). Especially if they seek forgiveness from God, they should learn to forgive others for their offenses. If they desire that God overlook their weaknesses, they should learn to overlook the weaknesses of others. Forgiveness is important for two reasons:

1. It is very important, for the afterlife. We forgive to gain forgiveness. Seeking forgiveness exemplifies humility, and forgiving others is a sign of magnanimity.

2. Seeking forgiveness and granting forgiveness brings happiness in the present life. Further, forgiving improves relations with people by bringing good reputation and gaining respect. (Ali et al., 2000)

Hinduism

Ksama, or ksamata, is the word most commonly used to signify forgiveness. It is usually joined with words for mercy such as kripa, prasada, daya, or compassion, karuna. The far-reaching concepts of forgiveness, duty, righteousness, forbearance, compassion, and patience are explored in the epics and the dharma sastras (treatises on righteousness). It is paramount to put these virtues into practice. Through karma (principle; role of cause and effect), individuals deal with the consequences of their actions in subsequent reincarnations. Therefore, one can presume that if one fails or refuses to forgive the negative feelings and unresolved issues along with the hostility and seething anger, negative karma is destined to spill over into future births. Those who desire to follow the path of dharma must follow the path of forgiveness, compassion, and forbearance. Forgiveness holds great importance in the Hindu tradition (Beck et al., 2000).

Philosophical Perspectives of Forgiveness

Moral philosophers have largely ignored the concept of forgiveness, certainly when one compares it to attention received by the related concept of punishment. Plausible reasons may be that forgiveness is viewed as supererogatory, possessing an ethical significance but yet standing peculiarly outside the range of moral obligation or fault. From this framework, the pedestrian conception of forgiveness as the prerogative of someone wrongly harmed by another might be understood to imply that forgiveness is like a favor or a fortuitous act. As a favor, it cannot be demanded. At a farther extreme still, one could imagine the ideal of forgiveness as harmful or an outright wrong, by analogy. For example, Spinoza's rationalist criticism of repentance, often understood to

be a condition for forgiveness—"He who repents what he did is twice miserable" (Ethics, Part IV, Prop. 54, 1994), suggests that someone who forgives a person who repents may be worse off than before.

Most of the great moral philosophers of the past have recognized the intrinsic worth of retribution as a response to wrongdoing. Kant (1964) tied retribution in the framework of the moral law by arguing that the desire for retribution arises from the perception that one's rights have been violated by the wrong doer, and these rights belong to us in virtue of our rational nature. Kant held that all persons are of equal intrinsic worth. As a consequence, we ought to punish the wrongdoer for the willful disregard for us as ends in ourselves. Further, Kant not only regards forgiveness as problematic but literally impossible. Once wrong has been committed, it cannot be undone, even by God. God is a Divine Judge against whose law the wrongdoer has consciously and willfully transgressed (North, 1987). On one hand, Kant is correct. The wrong can never be erased, but the effects it has on us can be defused to the point that it has no effect on us. It no longer has to ensnare and control the victim. Hegel (North, 1987) proposes that the violator has freely chosen violence and pain as the maxim of his action and therefore has a right to be punished. Punishment is an act of respect for the wrongdoers. Forgiveness does not demand that there be no accounting of justice. Equitable punishment is permissible, even when another forgives. Forgiveness frees the individual from the chain of hostility and hate. The offender may have freely chosen to inflict violence as Hegel suggests, but only forgiveness puts an end to the cycle of mistrust and hatred and brings peace of mind and healing to the wounded (North, 1987).

The Unforgivable

Golding (1984) posits the question of whether there are wrongs that are so heinous, so atrocious that they cannot or should not on moral grounds be forgiven. He implies by example the holocaust, and perhaps now we can imagine the bombing of the Twin Towers, that certain acts are beyond forgiveness. He states "granting forgiveness to a malefactor who is not regretful often seems tantamount to condoning the wrong" (p. 22). This is the great challenge of forgiveness that can easily, at times, tax our human capability. This is the great inner struggle to suggest forgiveness or to hold onto the scars of hate and vengeance. It is foolhardy and destructive to suggest forgiveness as a means to mental health if by forgiving are we condoning or tacitly complying with the evil. We may not only be unable to forgive but would be prudent and wise not to forgive all misdeeds if simply overlooking or condoning acts of evil on whatever scale they may be.

The book The Sunflower (1976) wrestles with this very dilemma. The book relates how a German soldier on his deathbed asks Simon Wiesenthal, a prisoner, to forgive him for the atrocities he has committed against the Jewish people. As the prisoner clasps Wiesenthal's hand, he walks away refusing to offer any forgiveness, despite the fact that the soldier, who is clearly about to die, seems remorseful and is pleading for his forgiveness. Golding a philosopher who responds to the book, argues that Wiesenthal's conduct is correct because the only people who could possibly forgive the German for killing Jews are the victim themselves, but they are in no position to render forgiveness. Furthermore, Golding says, despite the deep regret apparently felt by this German soldier, the wrongs "may be" of such a magnitude that they lie beyond the scope of forgiveness. These wrongs (and by implication those who committed them) exemplify unforgivable acts.

The moral dilemma described by Wiesenthal cannot be resolved or simply dismissed by maintaining that Wiesenthal was in no position to forgive. The fundamental question is whether the Nazis are unforgivable because their deeds were so atrocious that they owe an unpayable moral debt or, despite the atrocity, can be forgiven. To argue his position, Golding presents four factors that would count toward establishing deeds as unforgivable:

1. The only people who could appropriately forgive the atrocity are dead.
2. The deed is clearly inexcusable.
3. The deed is of such great magnitude that direct or indirect victims could never appropriately be compensated for it in one's lifetime life.
4. The deed is so atrocious that resentment of it will forever be justified. (Govier, 1999)

The philosopher Lang (1994) concurs with Golding—there are such deeds that are unforgivable. He offers his five features of acts relevant to their status as unforgivable. These are

1. voluntarism, especially if evidenced over a prolonged time;
2. the violation of an important, valued moral principle;
3. the magnitude of the consequences;
4. the lack of acknowledgment or repentance by the offender for the evil of the act or acts; and
5. the inability or refusal of the offender to provide compensation to the victim.

Lang (1994) holds that there can very well exist unforgivable deeds and that these conditions would justify for holding a deed or deeds as unforgivable.

All these claims link the unforgivability of wrongdoers to the unforgivability of their deeds at times horrendous beyond description (Govier, 1999). Admittedly, if people have committed barbaric acts of atrocity, it is far more difficult to forgive, or even to have the desire to forgive them, than those acts which, though wrong, are not as severe. The psychological obstacle, the emotional stumbling block that prevents forgiveness or the desire to forgive, is that the deeds are appalling and that the victims have suffered so

much. The insult to both humanity and to moral principles is just too profound. In this context, it would appear nearly impossible, if not impossible, to envision the wrongdoer as a person and, just as challenging, to comprehend why anyone would commit such acts. These and similar acts make it nearly impossible to feel empathy with, or compassion for, the offender (Govier, 1999). It would appear beyond the capability of the ordinary individual. In the face of such evil, forgiveness is nearly if not impossible.

The Possibility of Forgiveness

Despite the difficulty, the possibility of offering forgiveness still remains plausible. Working through this innate resistance and maintaining that the principle of forgiveness remains a viable option, the result is that objections to the gift of forgiveness are no longer infallible. Forgiveness is offered to a person, not an act. The insistence that some people cannot reform is objectionable. By clarifying this position, it may allow one to overcome the major obstacle to the gift of forgiveness and have the confidence in utilizing it as a justifiable and honorable tool. One errs if one stubbornly insists that some people have become so indelibly evil that there is no possibility of their moral change. One can, and does, admit that there exist deeds that are "unforgivable" as a way of making our strong and intense moral disapprobation for them. At its essence, it is people who are the recipients of forgiveness or the lack of forgiveness, not the deed. People can change. Many persons have, do, and will change, and even those who have been guilty of horrendous acts have changed.

In an experimental study at a drug rehab where the residents have struggled with addictions for years and where some had resorted to a life of crime, homelessness, and violence, some were introduced to forgiveness as a counseling variable while the control

group received only their normal drug treatment. Those who received forgiveness in conjunction with the drug treatment showed a marked decrease in anxiety, hopelessness, and depression. Despite years of addiction and failure, change was possible (Enright, 2001).

I wrote about a man who had murdered a 7-year-old girl. I asked, can such a man be forgiven? In the months since I first met him, this man has undergone a remarkable change. Whereas at first he was emotionally numb and saw his crime as the inevitable, if awful, result of society's ills, he has now begun to accept full responsibility for his own actions. And he has begun to agonize over his need for repentance—to weep for others, not for himself. Can such a man be forgiven? If we truly believe in the power of forgiveness, we will be certain that he can. We will never condone his crime, but we will not deny him God's grace either, and we will not doubt that even he can repent and be changed. (Arnold, p. 158, 1997)

To dismiss cavalierly and dogmatically reject these possibilities, to treat some person as forever and necessarily incapable of moral change is in the final analysis to be blind to acknowledge and recognize the innate and moral capacities of people to choose another path. To regard a perpetrator of evil as conditionally unforgivable because they have not acknowledged and do not wish nor make any effort to separate themselves from the evil acts is morally justifiable. It expresses our innermost conviction that those acts are what they are—evil—and our profound alienation from them and any individual that willingly and knowingly partake in them. But to regard a perpetrator, even a perpetrator of the worst atrocities imaginable, as absolutely unforgivable is another matter. By that position one is declaring that no one should ever forgive an individual—no matter how they feel, no matter what one says and does. That attitude is morally indefensible (Govier, 1999).

Margaret Holmgren (1993), based on her unwavering belief for the respect for the individual, upholds the position of unilateral forgiveness. She claims that victims of transgressions must work through the delicate process of responding to unjust acts in

order to attain a state of genuine forgiveness. This process remains central to the restoration of a victim's self-respect, and forgiveness is both psychologically and ethically inappropriate whenever it is incomplete. Holmgren takes the courageous stand that forgiveness is always appropriate, whether the offender repents or not. Holmgren's views stem from a respect-for-person's theory. All human persons are capable of choice and thereby are autonomous. All, she holds, have intrinsic value, and equal intrinsic value. Grounded on this framework, the morally appropriate attitude to extend toward all human beings—wrongdoers included—is an attitude of sincere goodwill. For these ultimate moral reasons, attitudes of resentment, hatred, and ill-will are morally objectionable and ultimately inappropriate responses to a wrongdoer. Sustained and festered anger and ill will presume that the wrongdoer's character and potential are immutable and limited to his wrongdoing. Consequently, the wrongdoer as a person is nothing more than his wrongful deeds and is incapable of reform or for any morally autonomous transformation. In its attribution of moral fixativity and inability or unwillingness to recognize the offender's capacity for moral change, the unforgiving attitude amounts to a staunch attitude of disrespect for the wrongdoer as a person.

Robin Casarjian (1992) believes that within everyone is an essence. When people act in abusive ways, we do not see the totality of that individual but only the fear-based fragments of them. Forgiveness helps us see beyond the limits of their persona to the potential of their essence that is worthy of respect and love. Gerald Jampolsky (1985) said forgiveness is a choice to see the "light instead of the lampshade" (p. 76). According to Calian (1981), "forgiveness is an attitude of lavishness and utter openness where we refuse to be bound by the brokenness of our life together" (p. 441). Forgiveness does not permissively condone violence, but it is our option of freeing ourselves from our need to

judge others and ourselves (Borysenko, 1990). Forgiveness allows us to absorb the full impact of the evil committed while not losing sight of the perpetrator's common humanity (Gartner, 1988).

To forgive someone is to overcome our resentment or anger toward that person and to be willing to regard the individual again as a member of the moral community. Forgiving the individual is overcoming the toxic emotions of anger, resentment, or moral hatred towards the individual. To adamantly refuse to forgive is to make no effort to overcome such feelings. It is to stubbornly cling to them, perhaps even to cultivate them, and perhaps to harbor visions of revenge. This hardness of heart and frame of mind can only lead to stagnation and the continuance of pain for the individual.

Forgiveness is either something we extend or do not extend toward a person, and it fundamentally affects the core of the relationships between persons. And yet it remains the deeds, not the individual, that are said to be unforgivable. Persons are clearly distinct and separate from their actions and remain capable of choice, originality, deliberations, autonomy, and moral reform. These are core tenets of existentialism, humanistic psychology, and respect-for-persons ethical theory and hold viable not only in theory but even in the face of human injustice. We may hate, despise, and decry the wrongdoing without at the same time and in the same way hating, decrying, and refusing to forgive the wrongdoer. There lies the challenge of forgiveness.

A person who has murdered is a murderer, one who has stolen is a thief, and one who has tortured is a torturer. In a deeper and real sense, a human and existentialist one, such people are not only murderers, thieves, or torturers. Their essence cannot be defined by their works. They are first and foremost human beings, whose past lives have included evil but whose future remains open to the possibility of new and more noble choices. It is

always persons, the moral agents not their deeds, who are forgiven or held bound (Govier, 1999).

Jean Hampton defines forgiveness as "a change of heart toward the wrongdoer in which one drops any emotion of hatred or resentment toward them and their deed, takes a pro-attitude toward them, and is disposed to make the offer of reconciliation" (Murphy & Hampton, 1988, p. 84). Hampton cautions about an unwillingness to forgive or even consider the option because it is much too easy to be unfair in evaluating others or naively presume that we can see into their hearts and fully comprehend what they are doing and why. Hampton observes that wrongdoers are too often pathetic, frustrated, and abused. Moral hatred blinds us. If we were to come to know their desires and emotions, their pained past, we may alter our thinking. We may come to regard even the perpetrators of atrocities as human beings, like ourselves, and not as brute monsters. We may come to understand that perpetrators may have serious problems and feel compassion, empathy, and benevolence toward them (Murphy & Hampton, 1988).

Supporting this position is Archbishop Desmond Tutu, Chairman of South Africa's Truth and Reconciliation Commission. Objecting to a newspaper column in which perpetrators of atrocities under apartheid were referred to as moral monsters, Tutu (1997) said

However, monstrous deeds do not turn the perpetrators into monsters. A human person does not ultimately lose his or her humanity, which is characterized by the divine image in which every individual is created. The premise underlying the commission is that it is possible for people to change, insofar as perpetrators can come to realize the evil of their actions and even be able to plead for the forgiveness of those they wronged . . . the scales can fall from the eyes of those who believed firmly in apartheid, and they can in fact see that what they believed was wrong. (p. 3)

Who, in reality, can forgive the most heinous atrocities committed against another individual and race of people? Simon Wisenthal, the prisoner in a Jewish concentration camp, struggled with the same dilemma, when asked by a dying Nazi soldier for forgiveness. Simon could not and would not offer forgiveness but still remained troubled by his decision. The book, The Sunflower (1976), asks prominent citizens what they would have done in the same situation. There is no consensus. Some would forgive, others not. In a study conducted in Israel (Mazor, Gampel, Enright, & Orenstein, 1990) where the subjects were Holocaust survivors, many felt an obligation not to forgive their Nazi perpetrators. They reasoned that this would be the same as forgetting and, therefore, tacitly condoning the atrocities, which would be condemnatory.

A crucial point is the distinction that must be made between the deeds and the agents. Forgiveness, and hence unforgivability, applies to the agents and not deeds. Based on this premise, no moral agents are ever absolutely unforgivable (Govier, 1999). Forgiveness is virtuous because one's anger is relinquished but without abandoning correct judgment about the severity and perhaps cruelty of the offense and the culpability of the offender (Roberts, 1995).

Conflicting View of Forgiveness

The basis for the reluctance and fear of forgiving an offender who is guilty of a serious crime (especially an unrepentant offender) is the supposition that, by forgiving, we are essentially agreeing with the claim that we do not deserve a full measure of respect. In effect, we are saying "That's okay, it doesn't matter that you mistreated me. I'm not that important." The refusal to forgive may be based not so much on a motive for revenge but on a healthy desire to maintain one's own self-respect (Holmgren, 1993). Paradoxically, it is in forgiving that one not only maintains but increases in self-respect

or rises above the base drive for retribution. To accomplish this, one begins by looking at the incident from one's own perspective. One must recognize that the wrongdoer is/was mistaken about the individual's worth and status as a person. One must be unwavering in this conviction, in our worth, and value. The individual acknowledges feeling intense grief and anger about the incident and that each person is not only owed but deserves restitution. Accomplishing this, one can acquire a more objective point of view.

Once accomplished, the person now views the offender now in a different light. The individual acknowledges and honors sharing the same human condition. That individual can recognize the offender as a valuable human being, as is the victim who struggles with the same needs, pressures, and confusions. The individual can then ponder the circumstance and come to understand it, though not necessarily agreeing with why the perpetrator did what was done. In doing so, one will recognize that the incident really may not have been about oneself in the first place. Instead it was about the wrongdoer's misguided and painful attempt to meet his/her own needs. Regarding the offender from this point of view (regardless of whether the perpetrator repents and regardless of what was done or suffered), one places oneself in a position to forgive the wrongdoer. This true self-respect leads to genuine forgiveness of the offender. When one acts out of self-respect, one's self-respect increases. Every action taken toward forgiveness increases the individual's self-respect (Holmgren, 1993).

The Parameters of Forgiveness

What Needs to Be Forgiven?

Veenstra (1992) holds that not every problem that occurs between two people requires forgiveness. Sometimes there are just difficulties that merely require mutual problem solving. However, acts that are injurious and unjust usually create a sense of

being wronged, offended, or insulted and seek a more salutary method to heal and mend the wound and initiate the necessary corrective process.

Who Can We Forgive?

O'Shaughnessy (1967) claims that forgiveness can exist only in relationships that are preexisting, close, and loving ones, as it would be inappropriate and improbable for strangers. Kolnai (1973-74) restricts forgiveness only to interpersonal equals. It is the opinion of this author and others (Cunningham, 1985; North, 1987) that forgiveness is far broader, for it is a gift freely bestowed upon anyone who has offended another.

A Skeptical View of Forgiving

Nietzsche (1887) claimed that forgiveness is a sign of moral weakness and that those who forgive are weak and unable to assert their right for a just solution. On the contrary, forgiveness is performed by the strong, not the weak. Acceptance or absorption of pain without counteracting with similar emotions, thoughts, or behavior is at the very heart of forgiveness. The offended person soaks up the pain, as a sponge does water, so that they do not transfer that pain back to the offender or others. This highlights the gift like quality of forgiveness, as the forgiver puts an end to the cycle of revenge that otherwise may harm or destroy the offender and others. "To be able to forgive, you must have the guts to look at the wrongness, the hardness, the wickedness of what somebody did to you. We cannot camouflage, we cannot excuse, we cannot ignore, we eye the evil face to face and we call it what it is" (Smedes, 1996, p. 7). This task is not for the weak but rather for the strong.

A modern psychological study (Trainer, 1981) elucidates why perhaps this view is not uncommon. Trainer found various approaches to forgiveness, one of which he labeled role-expected, which coincides to Nietzsche's viewpoint that forgiveness is not

chosen but forced upon another. In this approach, the "forgiver" senses a moral or religious imperative from an outside authority to forgive even though he or she neither desires nor is convinced of it merits. Unable to retaliate against the superior who offended, the "forgiver" grudgingly forswears justice all the while harboring resentment and low self-esteem. This, though falling under the heading of forgiveness, is a description of pseudo, or false, forgiveness. Genuine forgiveness, in contrast, is centered in a courageous free act of giving as North (1987) defends. North maintains that forgiveness is truly an act of courage, not cowardice, involving time and demanding emotional struggle, which is hardly characteristic of the weak. Holmgren (1993) further advanced North's position by arguing that forgiveness is an act of self-respect. In contrast to the Nietzschean position, others claim that "forgiveness" rather than subjugating the forgiver, puts the individual in a one-up position, thus dominating the "forgiven" (Augsburger, 1981; Cunningham, 1985; Smedes, 1984).

Droll (1984) impressively believes that forgiveness might separate us from our lower nature as aggressive beings. Initially, retaliation is more natural. Many in the helping profession claim that it is the deep and long lasting anger, not the gift of forgiveness, that can be alienating to self and others (Brandsma, 1982; Fitzgibbons, 1986; Hunter, 1978). Forgiveness, rather than destroy our regard for self and the other, restores positive evaluation and affect toward the other and self. It has the subtle potential to restore relationships, which is the antithesis for alienation.

Another negative view against forgiving is that it may not only work against justice but even perpetuate injustice. This points to another misconception of forgiveness. Forgiveness does not require that we forgo punishment altogether or that we should, in forgiving, attempt to annul the existence of the wrong done (North, 1998). Rather,

forgiveness entails the cessation of negative affect and replacing it with positive affect, such as compassion and love. Forgiveness puts an end to condemning judgments and allows for the presence of more positive judgments. If present, there also can be the cessation of negative behaviors (e.g., revenge) and the presence of positive behaviors (helpfulness, overtures toward reconciliation) (Enright & HDRG, 1991a). There remains the fear that the abuser, if forgiven, will continue to abuse as long as the recipient of one's mercy. This fear is based on a false notion of forgiveness. To forgive does not mean to easily acquiesce blindly to harsh demands. To forgive first demands an inner conversion and to begin seeing the other in a new way, as a member of the human community rather than as evil incarnate. This enlightenment and the offer of a gift of forgiveness leaves open the possibility of the other's transformation, which may lead to not only negotiation but also for heartfelt mutual respect, understanding, and goodwill. "What is annulled in the act of forgiveness is not the crime itself but the distortion effect that the wrong has upon one's relations with the wrongdoer and perhaps with others" (North, 1987, p. 500).

What Forgiveness Is Not

Before defining forgiveness, it is perhaps wise and better suited if first we distinguish what forgiveness is not. Too easily, forgiveness is misinterpreted, associated, or confused with similar but distinct terms, which impedes an adequate understanding and appreciation for it.

Forgiveness Is Not Condonation

To condone an evil is simply to ignore it, not acknowledge it or to pretend as if it were good (Smedes, 1984). Condoning involves refusing to label a given act as objectionable; condoning may be viewed as refusal to acknowledge that a debt exists.

Forgiveness, in contrast, first and foremost requires recognition that harm did occur, along with a conscious decision to release the perpetrator from the debt (Exline & Baumeister, 2000). Those who condone injustice overlook the unfairness. Philosopher Robert Roberts (1995) pointed out that condoning is double-minded. When we condone, we admit that an action is morally wrong but then at the same time deny the seriousness of the action. Condoning moral offenses does not lead to character development, adequate solution, or mental health (McCullough, Sandage, & Worthington, 1997). The forgiving person in contrast, open to perhaps a harsh reality, acknowledges the injustice but determines to no longer judge the person exclusively in terms of what they did. The forgiver sees beyond the immoral action and discovers a person who possesses inherent worth (Al-Mabuk, Enright, & Cardis, 1995).

Forgiveness Is Not the Same as Excusing

To excuse is to judge the seemingly harmful event as not worth a quarrel (Kolnai, 1973-74). In forgiveness one does acknowledge the right to a quarrel, but willingly abandons it (Enright, Gassin, & Wu, 1992).

Forgiveness Is Not Indifference

The forgiver does not minimize or negate the harm done by the act by dismissing the injury as unimportant, but recognizes the harm done and chooses to overcome it, which at times can demand great effort and energy (Eastin, 1988).

These first three misconceptions of forgivingness—condoning, excusing, and indifference—are theoretically not really forms of forgiveness. In all of these, the injuring person has done nothing wrong. There has been only a misunderstanding, a difference of opinion, or a disagreement that has created the conflict between the two people. Where there is no wrongdoing, there is no need for the forgiveness. No doubt

these three concepts are often called forgiveness but, in truth, are false representations of it (Veenstra, 1992).

The moral development of forgiveness takes place in the context of a serious injustice that is recognized as serious. Those who condone injustice choose to overlook the unfairness. Forgiveness, in contrast, is not blind to but acknowledges the injustice, for the forgiver no longer judges the person exclusively in terms of what they did. The forgiver looks beyond the action to discover a person who possesses inherent worth (Enright & Human Development Study Group [HDSG], 1994). Because a forgiver acknowledges the other's injustice, forgiveness cannot be equated with condoning or excusing the other's actions. To condone is to put up with the injustice because of mitigating circumstances, fear of confrontation perhaps while still smoldering with resentment (Enright et al., 1992). Whereas condonation denies resentment, forgiveness strives to overcome it with compassion and love (North, 1987).

Forgiveness Is Not Forgetting

Calian (1981) considers the cliché "forgive and forget" and states that it is not humanly possible, humanly or even biblically sound. He believes that precisely because we are asked to forgive without forgetting, forgiveness becomes more the challenge involving possibly a painful, lengthy process.

Elizondo (1986) contends that the real virtue of forgiveness reveals itself not when the sting of the injury may etherized in the recesses of one's memory but in forgiving precisely while remembering and still feeling the hurt. For Elizondo, to forgive is not to forget but while still conscious of the wrong, one chooses to be liberated from the inner anger, resentment, and desire for vengeance that consumes an injured person. Deeds forgiven need not require to be forgotten. When we forgive we may certainly still

remember wrongs that were done, and we are more than likely to remember them if these wrongs were serious. It is hardly plausible, if not impossible, to think that someone like Nelson Mandela (1999) can forget his 27 years in prison and afterward forgive his oppressors, whose apartheid regime had put him there. Poignant are his words regarding healing from the wounds of injustice.

We recall our terrible past so that we can deal with it, forgiving where forgiveness is necessary—but not forgetting. By remembering, we can ensure that never again will such inhumanity tear us apart, and we can eradicate a dangerous legacy that still lurks as a threat to our democracy. (1999, p. 2)

To forgive is not to be overcome by some peculiar form of amnesia regarding the wrongs suffered but rather to regard ones' perpetrators and the wrongs themselves in the moral light of acceptance and compassion rather than in sting of resentment and hatred (Govier, 1999). Father Lawrence Jenco, a hostage in Beirut in 1980 for 19 months, admitted that though he had forgiven his captors, he has not forgotten. Admittedly, he would have to suffer some grand blackout to forget such a wrenching painful ordeal. Clearly a deep psychological trauma is rarely wiped from memory (Kolnai, 1973-74; Smedes, 1984) unless other psychological defenses come into play, which is never a cure or healing but a quick entrance to other emotional and psychological scars.

Forgetting ignores the justified needs of the offender by driving the sense of being wronged deep into one's own being where resentment awaits to do its slow destructive work. Whereas forgetting is negative, passive, forgiving is positive and creative (Augsburger, 1988). "Forgetting is dangerous. To forget is to repress and deny what happened, which is self-destructive. It allows you to suffer the same hurt repeatedly" (Smedes, 1996, p. 7).

Forgiveness is not simply a slow diminishing of angry feeling across time (Horsbrugh, 1974). Forgiveness demands action and ownership and requires energy (Fitzgibbons, 1986; Horsbrugh, 1974). It is a constant struggle to release the other while you are still in the grips of hurt and anger (Enright, Gassin, & Wu, 1992).

Forgiveness Is Not Tolerance

Tolerance can only eventually lead to pain and turmoil. Tolerate everything someone does, and you will be in for a lot of bad trouble (Smedes, 1984). Forgiveness confronts the evil rather than be dominated by it; it overcomes its toxin through love.

Forgiveness Is Not Self-centering

Forgiving another is not solely motivated by the desire to be rid of strong negative emotions (Richards, 1988). The forgiver also looks toward the other, with an openness and willingness to join in community with him or her (Enright & HDSG, 1991b). Forgiveness is both a gift to oneself and to the other.

Forgiveness Is Distinct from Justice

Justice involves reciprocity of some kind, whereas forgiveness is an unconditional gift given to one who does not deserve it (Enright, Gassin, & Wu, 1992). The objective of justice is to restore equality where inequality exists. In forgiveness, the offended person does not restore equality (nor do they seek its restoration from the other—this is the realm of justice). Instead, in forgiveness the offended, relative to the offender, recognizes the equality of their commonly shared humanity. This equality existed before, during, and after the hurtful event. Thus, we do not restore what was never taken away—our humanity, our basic worth. Forgiveness helps us recognize that such equality has existed unconditionally toward another. In sum, the equality we strive for in justice concerns

how we treat one another. The equality implied in forgiving others concerns who we are regardless of how they treat us (Enright, Gassin, & Wu, 1992).

Forgiveness Is Not Pardoning

Forgiveness is an inner personal choice. Pardon is usually thought of as a public, behavioral release, such as where a prisoner is set free from jail (Hunter, 1978). Yet, one can forgive even as the other is serving a judicial sentence (Enright, Gassin, & Wu, 1992). Forgiveness is not incompatible with punishment. Forgiveness can follow punishment. In fact, it may lead to a reconciliation as a result of the punishment. The offender, through the punishment, may be led to acknowledge and feel remorse for one's wrongdoing (Govier, 1999). Forgiveness demands the renunciation of vengeance, but it does not require the abandonment of justice. Pope John Paul II, who forgave his would-be assassin, never suggested that he should go unprosecuted or be released from prison.

There remains a consensus in the philosophical literature that pardon involves the world of jurisprudence, not interpersonal relations (Downie, 1985; Hunter, 1978; Kolnai, 1973-74; Lauritzen, 1987; Murphy 1982; Murphy & Hampton, 1988; Smart, 1968; Twambley, 1976). Forgiveness is separate from the judicial system. No court or law can enforce forgiveness. A judge who deliberates on the fate of a criminal should never be the one directly hurt by the breaking of the law. Forgiveness is a personal response to one's own injury. We can still offer forgiveness and still bring legal justice to bear as required by the situation. Cases of pardon usually involve a just authority overseeing laws by which the degree of punishment is established for each violation. The authority that commutes the sentence is rarely, if ever, the one personally hurt by the defendant (Enright & HDSG, 1991b).

To exonerate by applying a statute of limitations (primarily a legal concept) has practical consequences similar to those of forgiveness but also excludes a number of the latter's conditions. It entails neither acknowledgment of wrongdoing nor offers assurance of altered conduct in the future; it requires no assent on the part of the person harmed and may in fact be contrary to the individuals wish. When a statute of limitations wipes the legal slate clean, it cannot on its own clear the moral slate. It must come from the individual. If anything, it possibly may add weight to the latter as the injury nullified legally remains morally unrequited, leaving the person responsible for inflicting the injury unmoved, untouched, and unrepentant by the judgment (Lang, 1994).

Forgiveness Is Not Reconciliation

Perhaps the most common misconception of forgiveness is to equate it with reconciliation. A common argument against forgiveness is that it potentially leaves the forgiver open to further abuse. This is invalid because it confuses reconciliation with forgiveness. Forgiveness is a single individual's or group's stance toward another. Reconciliation, though predicated on forgiveness, is distinct from it. Reconciliation occurs when two people come together in a behavioral way. In the case of continual abuse from an offender, a forgiver may realize that the other still does not wish or is unable to offer respect and, under these circumstances, does not reconcile. The forgiver, however, on his own volition can still reduce negative thoughts and behaviors and increase positive ones toward the other and wait with expectant hope that the other changes. Those who forgive are not blind to the other's faults but take steps to protect themselves from any future harm (Enright & HDSG, 1996).

Forgiveness and reconciliation are occasionally confused even in the published literature (e.g., Lauritzen, 1987) Forgiveness is an internal release; reconciliation is a

behavioral coming together again. Forgiveness may be a necessary prerequisite for reconciliation, but reconciliation demands more. Forgiveness is not reconciliation or a coming together again (Trainer, 1981). One may be able to forgive but not able to reconcile with his/her transgressor. In fact, in certain contexts this distinction works in favor of the victim. When a feeling of having been violated or victimized by another, or when one senses that something unfair or unjust has transpired, one may be incapable to consider reconciliation. In these contexts, therapeutic efforts that deliberately make the distinction between forgiveness and reconciliation might facilitate the client's willingness to address one's anger or hurt, which they may have previously resisted doing because to do so would have seemed to imply that they were willing to contemplate reconciliation (Fow, 1996).

Though reconciliation may be the result of forgiveness, forgiveness can be obtained without the aid of reconciliation. Though there may not be reconciliation, there is always the openness and willingness for that to take place (Smedes, 1984). While forgiveness is an internal, psychological response to injury, reconciliation is a behavioral coming together again, often following negotiation. It is possible for someone to forgive without reconciliation, but one who forgives has the hope that the other may change (Piaget, 1932). Forgivers leave open the door to reconciliation, but no one can compel the offender to walk through it. In order for reconciliation to take place the offender must be willing to change one's harmful behavior (Eastin, 1988).

Reconciliation can only occur if the offender is fully aware of the reality of the wrong committed and is able to listen without defenses. The offender promises never intentionally to hurt the forgiver again (Smedes, 1984). Forgiveness does not mean that you knowingly or naively lay yourself open to certain abuse. You can forgive and then

limit or even end the relationship. The one who is forgiven is placed under no obligation to the forgiver as a condition for forgiveness. Forgiveness is not a quid pro quo but rather it is a gift freely bestowed. If there is to be an ongoing relationship, then the one forgiven must try to learn from the mistakes and not reinjure anyone who has offered the gift of forgiveness (Coleman, 1989). A forgiver extends loving acceptance, but the recipient may either reject the offer or change and be willing to enter again into a relationship for reconciliation to take place. Forgiveness occurs internally within a person, whereas reconciliation occurs behaviorally between two people (Horsbrugh, 1974; Kolnai, 1973-74; Enright et al., 1992).

These inadequate definitions of forgiveness warrant a suspicious attitude toward forgiveness. This may be the reason why forgiveness is not viewed as a healthy option. When one behaves from these false conceptions of forgiveness or even denies that one had been offended or wounded, the individual has chosen a path that leads to unhealthy responses. An individual certainly may choose to "be nice" and avoid confrontation in the name of forgiveness, but this is definitely not forgiveness. Such tactics, rather than heal, can ultimately result in seething anger, resentment, hatred, and grudge bearing that ultimately leads to visions of revenge. Rather than change and improve the situation, it can lead to a greater harm under the ideal of mercy and kindness. This surrendering or "giving in" is a false type of forgiveness and likely will produce just the opposite effect. Taken to its extreme, "giving in" may lead to a masochistic martyrdom that undermines and severely damages one's self-esteem and personal integrity (Cunningham, 1985).

Definition of Forgiveness

It is by clarifying this concept of forgiveness that it can be better understood that learning to forgive can be an important and perhaps core element in the therapeutic

process (Hope, 1987). Individual researcher's conceptualizations of forgiveness are quite diverse. In particular, no consensual definition of forgiveness exists (Worthington, 1998). In fact, some interpret the lack of consensus in definition to be one of the most glaring drawbacks for promoting this counseling tool (Elder, 1998; Enright & Coyle, 1998; Enright, Freedman, & Rique, 1998; Enright, Gassin, & Wu, 1992). That stated, the following are offered as commonly understood definitions of forgiveness, concluding with the operational definition for this study. All of the existing definitions seem to be built on one core feature: When people forgive, their responses toward (or in other words, what they think of, feel about, want to do to, or actually do to) people who have offended or injured them become more positive and less negative. One moves from the negative toward the positive.

Although a specific interpersonal offense (or a series of offenses) caused by a specific person (or a group of persons) once elicited negative thoughts, feelings, motivations, or behaviors directed toward the offender, these responses have become more prosocial over time. (McCullough, Pargament, & Thoreson, 2000, p. 9)

What Is Forgiveness?

Forgiveness is simply a special case of mercy directed at an injuring person. Clinicians who help clients forgive agree that the forgiving journey may take time and can be quite an ultra psychic struggle (Coleman, 1989; Enright & HDSG, 1991a; Fitzgibbons, 1986; Hope, 1987). Despite the necessary effort, forgiving and receiving forgiveness may be positively transforming and benefiting for self, the injurer, and the communities (Gentilone & Regidor, 1986).

The philosophical literature is in general agreement that forgiving another person occurs in the face of deep, unjust hurt (Kolnai, 1973-74; Murphy & Hampton, 1988). In forgiving such an offense, the individual who forgives freely relinquishes the resentment,

hatred, and/or anger toward the other and replaces it with a stance of love and compassion (North, 1987). The forgiver, well aware that the offender has no right to such benevolence, offers it nonetheless (Piaget, 1932).

To clearly understand and appreciate the gift that is forgiveness, clarification is given by the following four concepts, which are often are mistaken for the true gift of forgiveness (Enright et al., 1998).

First, forgiveness is far more than a mere accepting or tolerating the injustice. In contemporary culture, people talk about "moving on" or "putting the past behind us," but this is not forgiveness. It falls short because the attitudes involved (benevolence, goodwill, empathy) need room in our lives or hearts for the offender. When we forgive, we make room in our lives or hearts for the perpetrator. North clarified forgiveness as "outward-looking and other-directed" (North, 1998, p. 19).

Second, forgiveness is not the same as forgetting. A deep injustice suffered is rarely, if ever, wiped from one's consciousness. When someone forgives, he or she still remembers but in different ways from those before forgiveness occurs.

Third, forgiveness is more than holding back our anger toward the injurer. A complete forgiveness position includes not only the cessation of the negative, most notably the anger, but also the inclusion of the gift-like positive qualities, such as compassion, goodwill, and empathy.

Forgiveness demands more than a neutral stance toward our perpetrator. It is not enough to no longer desire retribution or revenge. One must be willing to extend a positive outreach toward the offender. This challenging task is not embraced by all. McGary (1989), representative of this position, believes that a forgiver need do nothing more than cease resentment for the good of self and to others with whom one interacts.

Fourth, forgiveness is more than a self-remedy, a prescription to make oneself as forgiver feel better. Forgiveness is outside focused and is a gift to others. The paradox is that when a forgiver abandons the focus on self and gives this gift to the injurer, the forgiver commonly experiences psychological healing (Enright et al., 1998).

In examining the psychological literature, one discovers that forgiveness is described as a powerful therapeutic intervention and as an intellectual exercise in which the injured makes the decision to forgive (Fitzgibbons, 1986). Forgiveness is a voluntary act and decision about how one will positively deal with the past (Hope, 1987). It is an erasing of the record of wrongs and a need for vengeance and resentments, as one relinquishes the seat of condemnation and/or judgment of the offender (DiBlasio, 1992). As Holmgren (1993) clarified, our intrinsic worth is not commensurate with some imaginative score on a moral scale. All people are capable of error and good; and because all people have this capacity for good, even the malefactor, we can then respect all people, including the offender. Forgiveness displays respect toward the offender as a moral agent.

The failure to understand this point of separating the person from the deed often prevents forgiveness from taking place. Holmgren (1993) confirms that this thought is based on Augustine's (397/1963) dictum of separating the offenders and offenses. We continue to view realistically an unjust offense for what it is, wrong. Yet we still retain good will toward the offender, not because of the unjust act but because he or she is a person capable of good will. The forgiver, therefore, is showing respect for morality by judging the offense as wrong, but the offender as at least capable of committing good acts in the future.

Philosopher J. Kellenberger (1995) holds that forgiveness is morally possible because of the inherent value of all persons. Kellenberger notes that the moral status of an offender may be troublesome and difficult, but that does not diminish or eradicate his or her inherent worth as a person. Forgiveness is a relational stance of acceptance and belief in the unchanging inherent worth of another person even after judging the action wrong. This arduous task of mastery over a wound and the process through which an injured person first fights off, then embraces, then conquers a situation that nearly destroyed him/her (Flanigan, 1992), both intrapsychically and interpersonally (Benson, 1992), and giving up one's right to hurt back proceeds through forgiveness (Pingleton, 1989).

Forgiveness is a broad topic whose definition encompasses many facets. There are many angles that one may focus on in defining the term. A truly comprehensive definition of forgiveness needs to integrate not only the cognitive, affective, and behavioral components but also the volitional, motivational, spiritual, religious, and interpersonal aspects of forgiveness (Gorsuch & Hao, 1993). Pingleton (1989) holds that the spiritual dimension of forgiveness is an important and essential component of forgiveness as well as the volitional element. Monbourquette (1992) stresses how forgiveness encompasses the whole person, for in forgiving all our faculties are mobilized: intellect, judgment, imagination, and faith.

Studzinski (1986) defines forgiveness as a willful process in which the forgiver chooses not to retaliate but rather respond to the offender in a compassionate way. Walters (1984) sees forgiveness as a voluntary process that usually demands courage and multiple acts of the will to complete. He views forgiveness as a needed and essential process due to the destructiveness of not forgiving, and he asserts that to forgive is to

give up all claims on the offender, including letting go of the emotional consequences of the hurt. In Walters' stringent view, the offended has two alternatives in dealing with the hurt: to be destroyed by resentment leading to death psychologically, emotionally, or even physically or to forgive which leads to healing and life. This sense of forgiveness as eradicating the negative consequences of the offender's injustice and a merciful reaching out to the offender is consistent with ancient Hebrew, Christian, Islamic, and Confucian texts.

Cunningham (1985) views forgiveness as more than an act of the will in changing one's heart to one's offender:

Forgiving is an act of the will that seeks wholeness and opens one's self to the expensive process of change and transformation. It is a process of willing that allows one to be less willful, less demanding, and less dogmatic. Forgiving is a process whereby one is restoring a relationship with God that gracefully comes as a harmony with life and a renewed courage to be vital and live in risk. It is an experience that confirms us in the knowledge that as we forgive, we are forgiven (p. 149)

The process of forgiveness enables one to change, grow, and evolve into a more mature individual characterized by an enlightened self-awareness. Forgiving another requires that a person confront one's feelings, values, motives, and needs as well as one's own inclinations toward pride and self-righteousness. The forgiver challenges his/her own demands for perfection, both for oneself and others as well as the unrealistic demands for others to relate perfectly to oneself and to meet and fulfill one's needs. Forgiveness involves the humble task of confronting one's own level of immaturity, state of sinfulness, imperfection, and irresponsibility (Cunningham, 1985).

Augsburger (1981) defines forgiveness as "a release from a whole spectrum of negative emotions like fear, anger, suspicion, loneliness alienation, and mistrust" (p. 68).

Pargament (1997) offers a rather lofty, metaphysical definition of forgiveness:

Forgiveness is a process of re-creation a transformational method of coping, often religious in nature, that involves a basic shift in destinations and pathways in living. Through this process, the individual departs from a life centered on pain and injustice and begins to pursue a dream of peace. Toward this end the person starts to think, feel, and act in very different ways about him- or herself, the offender, and the world more generally. (p. 303)

From these definitions we process five essential points in understanding forgiveness (Enright & HDSG, 1996):

1. The one who forgives has suffered a deep hurt, which elicits resentment.
2. The offended person has a moral right to resentment, but overcomes it nonetheless.
3. A new response to the other emerges, including compassion and love.
4. This loving response occurs despite the realization that there is no obligation to love the offender (Hebl & Enright, 1993).
5. We realize the other person has no moral right to that love, but we nevertheless freely give it (North, 1987).

Foundational Definition

The foundational definition of forgiveness is shaped primarily from North's (1987) perspective. She defines forgiveness in the following passage: "Forgiveness is a matter of a willed change of heart, the successful result of an active endeavor to replace bad thoughts with good, bitterness and anger with compassion and affection" (p. 506). It should be noted that North acknowledges two psychological characteristics of a forger's affect: a cessation of negative affect (e.g., resentment, anger) and the presence of positive affect (e.g., compassion, love). The same holds true for judgments or cognitive components. There is the letting go of condemning judgments and the presence of more favorable judgments (Enright & HDSG, 1991a). There also can be the cessation of negative behaviors (e.g., revenge, for example) and the presence of positive behaviors (e.g., helpfulness, overtures toward reconciliation). This process of forgiveness includes six key components: absence of negative affect, judgment, and behavior toward an

offender and the presence of positive affect, judgment, and behavior toward the same offender. These occur in the face of deep, unwarranted hurt (Enright & HDSG, 1991b).

It is from this foundation that Enright and the Human Development Study Group developed their working definition adhering to those same core elements: a change in cognition and affect but now including behavior, how one acts toward one's offender, as well. It is this definition of forgiveness that involves the three key components, cognition, affection and behavior that is the basis for this research and is arguably the most comprehensively formulated and clearly articulated definition in the psychological literature. In addition, this definition has been operationalized in the Enright Forgiveness Inventory (Subkoviak et al., 1992) thus providing a means for quantitatively measuring levels of interpersonal forgiveness in the affective, behavioral, and cognitive domains. The definition is the following:

Forgiveness is the overcoming of negative affect and judgment toward the offender, not by denying ourselves the right to such affect and judgment but by endeavoring to view the offender with benevolence, compassion, and even love, while recognizing that he or she has abandoned the right to them. (Subkoviak et al., 1992, p. 3)

This process is quite involved and complex when we realize that forgiveness involves the total person's affective, cognitive, and behavioral systems and spiritually. When one forgives, certain elements are subtracted from each system. Negative emotions, such as anger, hatred, resentment, sadness, or contempt, are given up (Richards, 1988). Often this may occur slowly, but it is eventually accomplished if pursued diligently. In the cognitive system, one ceases condemning judgments and the planning of revenge where this was occurring. In the behavioral system, one no longer acts out the primordial motive of revenge (if such were occurring, however subtle) (Enright & HDSG, 1991b).

When one forgives, certain elements are added to each system. In the affective system, the negative emotions are replaced by more neutral emotions and eventually by positive affect, such as agape (see Cunningham, 1985; Downie, 1965; North, 1987). The latter includes the willingness, through compassion and love, to help the other. In the cognitive system, the offender may feel justified in holding onto the negative emotions, yet is willing to forego them (North, 1987). Where there once were negative thoughts, now positive thoughts emerge toward the other, such as wishing them well (Smedes, 1984) and viewing them respectfully as a moral equal (Cunningham, 1985). In the behavioral realm, there is a willingness to join in "loving community" with the other, with the hopes of possible friendship. There may even be steps taken to initiate and foster a friendship. Such overtures will depend on true change in the other. There is the potential for the forgiver to experience not only an inner release but a healed relationship (Augsburger, 1981).

This description of forgiveness can be further deepened and clarified by the following 13 points (Enright & HDSG, 1991a).

1. Interpersonal forgiveness is between people, not between a person and an inanimate object (Kolnai, 1973-74; Lambert, 1985; Murphy, 1982; Smedes, 1984).

One does not forgive hurricanes or floods. The willingness to join again in loving community with a hurricane most certainly would be absent.

2. Forgiveness follows a deep, personal, long lasting injury or hurt from the other person.

The injury will vary; it might be psychological, emotional, physical, or moral (Kolnai, 1973-74; Murphy, 1982; Murphy & Hampton, 1988; Smedes, 1984). In real life a deep injury may very well involve all of these areas at once (Eastin, 1988).

O'Shaughnessy (1967) claims that the relationship must be personal, which would then exclude those who hurt us but are strangers to us. The forgiver, therefore, does not forgive the Nazis for the Holocaust unless he or she was personally involved (Gingell, 1974). Nevertheless, we acknowledge personal, indirect involvement, for example, children whose parents are Holocaust survivors. On their part they are able to forgive the perpetrators.

3. The offense is an objective reality, not merely a perception by the one offended.

Kahrhoff (1988), in contrast, claims, "Everything that happens outside our minds is neutral" (p. 3). In this view, an offense can be so only if we perceive it as such. We acknowledge, for example, individual differences in physical abuse victims' perception of the violence. No one due to various factors will experience the same depth or duration of emotional distress as another, yet all will experience a certain emotional pain because of the objective occurrence.

4. Forgiveness is possible only when a person has a sense of justice.

One cannot feel a deep sense of moral injury without a sense of fairness (Brandsma, 1982; Hunter, 1978; Kohlberg & Power, 1981). This implies that children as young as four or five might not only need but be able to forgive (Enright, Franklin, & Manheim, 1980).

5. There is usually an initial reaction by the injured party toward the injurer.

The injured may pass throughout the stages similar to grief, that is, one of experiencing the hurt as profound, followed by shock or disbelief, and culminating in anger or even hatred (Eastin, 1988; Fitzgibbons, 1986; Linn & Linn, 1978; Smedes, 1984).

6. With the passing of time, the injured party no longer seeks retaliation (Hughes, 1975).

This is an internal response by the one injured (Droll, 1984), and may involve giving up of narcissistic tendencies of disavowing the hurt (Cunningham, 1985).

7. It is not necessary for the offender to apologize for the injured person to forgive (North, 1987; Twambley, 1976).

Forgiveness is not based on the other's repentance (McCullough, Sandage, & Worthington, 1997). In his book, Bound to Forgive, Father Jenco (1995) describes an encounter with yet another captor shortly before his release. Sayeed, a guard who had beaten Father Jenco several times asked the priest if he remembered the first six months of his captivity (when most of the abuse took place). Father Jenco responded that he did remember all the pain and suffering Sayeed had caused him and the other hostages.

"Abouna, do you forgive me?" Father Jenco recounts his reactions:

These quietly spoken words overwhelmed me. As I sat blindfolded, unable to see the man who had been my enemy, I understood I was called to forgive, to let go of revenge, retaliation, and vindictiveness. And I was challenged to forgive him unconditionally. I could not forgive him on the condition that he changes his behavior to conform to my wishes or values. I had no control over his response. I understood I was to say yes. (p. 14).

If this were not true the offended may be caught in a web of unforgiveness. If the offender were to die before a change of heart, the offended is trapped in unforgiveness (O'Shaughnessy, 1967). Further a gift given need not await a prior inviting response from the other person. In fact, many see it as wedded to the unconditional self-giving character of forgiveness (Cunningham, 1985; Downie, 1965; Smedes, 1984; Torrance, 1986).

8. The offender need not have intended the wrong (Downie, 1965).
9. Naturally, the difficulty in arriving at a forgiveness solution will vary with such external variables as the severity of the offense our disposition at the

time and the quality of the relationship prior to the injury (Newman, 1987).

It will also vary with such internal psychological qualities in the offended person as their ability to understand forgiveness and to chose a forgiveness, in contrast to a justice, problem-solving strategy.

10. It is not always the case that only one party offends and the other is offended.

As Beatty (1970) insists, forgiveness is relational. Thus, it is conceivable to have an offended offender. Consider an unjustly fired worker who writes a scathing letter to their former boss. The boss is both offender and now offended by the letter. Both may need to forgive the other.

11. Trust is vital when one is entering into a relationship again with the offender.

In certain cases, such as continual and chronic abuse, one can forgive without trust in this one problematic area and without reconciling. The forger does see the other as human but realistically acknowledges their inability at that present time to change in the one area (Enright, Gassin, & Wu, 1992).

12. Forgiving has the power both to transform self and the other because of the sincere love extended to the other.

Forgiveness in some cases may not only restore the relationship to its original quality but also may enhance and improve what was once damaged (Enright, Gassin, & Wu, 1992).

13. Forgiveness must always be a free choice and should never be forced either overtly or subtly onto a person. A gift must be freely offered and freely received (Enright et al., 1992).

In summary, Enright & HDSG (1991a) describes a psychological response, which is forgiveness that includes six components: absence of negative affect, judgment, and

behavior toward an offender and the presence of positive affect, judgment, and behavior toward the same offender. These occur in the face of a deep offense against them.

Challenge of Forgiveness

Forgiveness has been an extremely complex phenomenon to operationalize for empirical investigation. The act of forgiveness must not be forced on a person who is not open or ready to forgive. The utility of encouraging forgiveness is also in question if clients lack desire to forgive (Cunningham, 1985). Forgiving out of a sense of duty or fear of retaliation may produce the opposite effect of increased negative emotions and thoughts regarding the offense and the offender over time (Trainer, 1981). Counselors who suggest forgiveness as a means of healing should also be sure that the client's motive for forgiving is to achieve the positive benefits of forgiving and not employ it as a means for revenge or self-righteousness. If so, it may exacerbate the negative emotions concerning the offense and the offender (McCullough & Worthington, 1994a).

As forgiveness is such a demanding and complex task many often fail to meet the above mention criteria. In the effort to forgive, such challenging questions may arise in the process of forgiving. Have I truly forgiven if I still retain some resentment? Have I forgiven if I am unable to resume a former relationship; if I am wary of my offender? Understanding that the process of forgiveness is so involved and ongoing, Nelson (1992) developed Categories of Forgiveness. They were designed to help clarify the various degrees and levels of forgiveness. Nelson has introduced into the literature three types of forgiveness: detached forgiveness, limited forgiveness, and complete forgiveness. Detached forgiveness is a "reduction in negative affect toward the offender, but no restoration of the relationship" (Nelson, 1992, p. 4381). Limited forgiveness is a "reduction in negative affect toward the offender and partial restoration of an increased

emotional investment in the relationship" (p. 4381). Full forgiveness includes "total cessation of negative affect towards the offender and full restoration and growth of the relationship" (p. 4381). Nelson's findings suggest that the type of offense and the degree of relationship prior to the offense are predictors of the type of forgiveness a person attempts (Flanagan, 1992). These categories, though helpful, do not equate to North's (1987) or Enright and the Human Development Study Group's (1991a) definition. Their goal of forgiveness is to achieve a complete wiping away of resentment and is a desire for communion, if possible, which would only correspond to the third category of complete forgiveness. As well, it makes the common mistake of mistaking forgiveness with reconciliation. Forgiveness is not reconciliation (Trainer, 1981)

In analyzing this process of forgiveness, Trainer (1981) was the first to undertake an empirical research on the psychology of interpersonal forgiveness. Examining 73 divorced and separated participants, she found three characteristic patterns:

1. Role-expected forgiveness that is behaviorally demonstrated, but internally void of the proper attitude. The person may say he or she forgives, but still harbors fear, anxiety and resentment. Forgiveness is externally motivated by a grim obligation to do so.
2. Expedient forgiveness, also entails an overt gesture of forgiving behavior but is accompanied by condescension and hostility. Forgiveness is seen as the means to the end of showing a certain superiority over the other because the offended had "forgiven."
3. Intrinsic forgiveness, which is a genuine form of forgiveness and actually the only example of true forgivingness, is demonstrated by an overt gesture of kindness toward the offender and internal transformations from resentment to beneficence and goodwill. The forgiving is active, genuine, and healing.

Trainer, by her work, has contributed to the understanding of forgiveness by developing a conceptual framework with types of forgiveness and the common and unique processes associated with these types can be operationalized. Though she uses the

word forgiveness for each type, which would not adhere to this paper's position based on Enright's definition (Enright & HDSG, 1991a), it does highlight the stages that one goes through in the process of forgiving. It also initiates and points the way to empirically test some of the hypothesized relationships. Trainer pioneered the development of a Forgiveness Scale and a three-fold typology of forgiveness to facilitate investigation into the dynamics underlying forgiveness attitudes and behaviors of 73 divorced and separated male and female respondents. The category, called General forgiveness, encompasses all the elements of the three typologies proposed by Trainer: role-expected, expedient, and intrinsic forgiveness. General forgiveness involves one or more of the following elements: (a) overt gestures of forgiveness; (b) cessation of overt hostile responses; (c) management of hostile impulses, gradual letting go of resentment; (d) re-emergence of positive attitudes and feelings toward the one who has done the injury; and (e) gestures of good will. This compares quite favorably to the definition of both North (1987) and Enright & HDSG (1991b).

The first typology of forgiveness is Role-expected forgiveness, which exhibits the outward manifestation of forgiveness but lacks the internal motivation to forgive. It displays an overt manifestation of forgiving behavior but is accompanied by such negative emotions as fear, anxiety, and resentment. According to Trainer, Role-expected forgiveness includes: (a) overt gestures and words of forgiveness, (b) cessation of hostile responses, together with (c) a tremendous amount of resentment. The underlying motivation in Role-expected Forgiveness is not from the individual's belief system but from a forced compliance to externally exposed norms. The Role-expected forgiver may outwardly comply with the expectations of self or the expectations of some external authority because of the lack of will to fight back or feeling too weak or helpless to

confront the transgressor. The Role-expected forgiver conforms to perceived role expectations without any inner transformation and release (Trainer, 1981, p. 71).

The expedient forgiveness typology consists in an overt manifestation of forgiving behavior performed as a means to an end and accompanied by condescension, resentment, and hostility. Expedient forgiveness, like Role-expected forgiveness, contains the first two elements of General forgiveness (a) overt gestures and words of forgiveness, and (b) cessation of overt hostile responses. Trainer (1981) claimed,

expedient forgiveness functions as a power strategy whereby one asserted superiority devaluing both the injury and the one who injured. It accomplished revenge in subtle ways through a condescending forgiveness or through the transference of the task of retaliation to God or to life. (pp. 71-72)

Intrinsic forgiveness stems from an inner conviction that is characterized by an inner change in attitudes and feelings toward the one who had done the injury, as well as by benevolent behavior. Intrinsic forgiveness derives from a personal decision to freely disengage from hostile behaviors and to dismiss harboring hostile attitudes, thoughts, fantasies, and feelings. Intrinsic forgiveness involves all five elements in the general definition: (a) overt gestures of forgiveness, (b) cessation of overt hostile responses, (c) management of hostile impulses, gradual letting go of resentment; (d) re-emergence of positive attitudes and feelings toward the one who has done the injury; and (e) gestures of good will.

Trainer (1981) stated that intrinsic forgiveness entails five steps: (a) disengaging from hostile impulses, (b) restoring a person's sense of self-worth or personhood, (c) moving out into activities where one encounters the possibility of being hurt again, (d) displaying a willingness to reexamine the hurtful event and broader ways of constructing others that may give rise to reemergence of benevolence towards the other,

and, the final step, (c) "the person re-experiences closeness to the other, and the vitality and joy of reconciliation with self, and under certain conditions between self and the other" (p. 47).

The Process of Forgiving

"Forgiving is not pretending that things are other than they are. Forgiveness is not cheap. It is facing the ghastliness of what has happened and giving the other person the opportunity of coming out of that ghastly situation"(Tutu, 1995).

Forgiveness is not cheap nor is it an easy process. It can be at times messy, challenging, and demanding. Forgiveness is seldom simple, linear, fast, or even necessarily complete. "Forgiveness is not a clear-cut, one-time decision (Simon & Simon, 1990, p. 17). No matter how sincere and earnest one may be to forgive, forgiveness takes time. In fact, anger may remain after forgiveness (Van Biema & Cole, 1999). Forgiveness as an option is not easy. It requires time, risk, and the possibility of being wounded again. It is a decision to let go of the past and recommit oneself to the future unaware of what lies ahead.

Forgiveness originates from the decision to act lovingly even though you are justified in refraining from loving. By forgiving you are not stating that you agree with what was done but that you refuse to reject the other for their unjust act. Forgiveness requires a strength and at times an extraordinary leap of faith. It allows the forgiver to be vulnerable to being hurt again. Forgiveness does not require that you knowingly place yourself in harm's way (Coleman, 1998).

Forgiveness is difficult precisely because it requires that we make comprehensive changes in who we are and how we relate to others. It involves the whole person.

Forgiveness is such a demanding task that it requires a certain maturation on the part of the individual. In this process one confronts one's own shortcomings and weaknesses.

There is no way that we can live a rich life unless we are willing to suffer repeatedly, experiencing depression and despair, fear and anxiety, grief and sadness, anger and the agony of forgiving, confusion and doubt, criticism and rejection. A life lacking these emotional upheavals will not only be useless to ourselves; it will be useless to others. We cannot heal without being willing to be hurt. (Peck, 1987, pp. 226-227)

Enright et al. (1991a) examined a unique developmental issue in forgiving. They focused on the conditions under which a person is willing to forgive. Their developmental analysis suggested that children sometimes confuse forgiveness with revenge. Adolescents on the other hand, forgive under the conditions of social pressure, such as demands or pressures from peers, family, or certain institutions. Only in late adolescence and adulthood do they see and have unconditional understanding of forgiveness based on the internal working moral principles of beneficence and love towards an offender.

How Do People Forgive

How do people forgive? It is quite rare that it is immediate, one step, one act behavior. Typically, there is a process with its loops forwards and backwards and with its struggles and successes. The following describe various processes in the path of forgiveness. Though distinct, they share these five common interpersonal processes: (a) experiencing an awareness of negative psychological consequences, (b) developing a sense of need for resolution; (c) deciding among restitution strategies; (d) examining motives for forgiveness; (e) deciding to forgive. (Enright & HDSG, 1991a; Romig & Veenstra, 1998).

Forgiveness requires that we develop a forgiving character (McCullough, Sandage, & Worthington, 1997). Forgiveness follows a deep, long-lasting injury from the other person. The injury may be psychological, emotional, physical, or moral (Smedes, 1984). The need for forgiveness begins with a wound. A wound violates physical, moral, or psychological boundaries. Having suffered, the person then organizes his or her thoughts and psychological defenses to protect injured boundaries (Means, Wilson, Sturm, & Biron, 1990). The injury often damages the injured person's worldview or philosophy of the world as they comprehend that we do not necessarily live in a "just" world (Flanigan, 1987).

Essentially, when we are deeply hurt, it is about one or a combination of three things:

1. Loss of love or lovability.
2. Loss of self-esteem.
3. Loss of control or influence.

The person wishing to forgive must begin by asking, "What loss have I incurred?" Determining the area(s) of loss then points the person in a direction of healing. It informs the person what needs to be repaired. Now the individual, if willing, can commence the arduous task of forgiveness (Coleman, 1998).

Forgiveness declares both an assertion and an affirmation. As an assertion, one confronts the unhealthy, destructive, ill-motivated, unacceptable behavior head on. One neither condones the offense nor overlooks the wrong done, but one refuses to limit the person to this behavior nor hold that this behavior is the sum measure of what the person is in their deepest self. One asserts at times with enormous effort that this person possesses worth no matter what decisions, choices, or actions were committed or intentions are held. In forgiving another, one honors the healthy, the constructive, the

right motivated, the responsible center of the person. One consciously chooses to affirm and to believe that this is the real, the possible, the acceptable, and the accountable core of the person. One returns to that real center no matter what has surfaced into the relationship (Augsburger, 1988).

How does an individual arrive to this healing state? How may a counselor enable a client wounded by an injustice to attain a positive, healthy outlook? In some therapeutic strategies, one may typically have the client explore the past, discover and express repressed feelings about past events, but is that sufficient? How does a person free oneself from the pain of a major disappointment, injustice, humiliation, victimization, or assault in order to live more productively in the present? There are differences of opinions and approaches regarding this essential stage in therapy. In individual therapy it is the stage in which working through old wounds via the transference relationship is important. There is the model of mourning the past and letting go of old injuries, and through this process one learns to accept the past. Yet, both the concepts of letting go and acceptance are somewhat passive in nature. What is being required is that one accept or let go of incidents that burn with injustice and unfairness, that have resulted in patterns of feelings and behavior so upsetting and destructive that it has brought the person to therapy in the first place.

How does one accept the unacceptable? This problem so challenged the psychotherapeutic field that it led some to consider and examine forgiveness as a viable means for restoration of one's well being. Forgiveness is seen as part of the psychotherapeutic process by a number of authors (Coleman, 1989; Fitzgibbons, 1986; Hope, 1987; Wapnick, 1985). Psychotherapy initially includes a shedding of psychological defenses, which involves the client admitting that they were deeply hurt by

another. Subsequently, this is followed by a dialogue between the two people to better understand how and why the hurt occurred. Eventually, forgiveness occurs in which the one hurt abandons resentment in favor of understanding and unity.

This process of forgiveness is necessary to restore one's self-respect and peace of mind. Margaret Holmgren (1993) claims that victims of wrongdoing must work through a process of responding to that wrongdoing in order to reach a state of genuine forgiveness. This process is central to the restoration of a victim's self-respect, and that forgiveness would be psychologically and ethically inappropriate whenever this is incomplete. Holmgren argues that this process is always appropriate regardless whether the offender repents or not. The following is an outline to identify the task an individual may need to complete if they are to respect oneself and truly forgive their offender.

First, the victim of wrongdoing must recover their self-esteem. Implicit in the wrongdoer's act of abuse is the claim that the victim is not valuable. If John were to sexually abuse Jane, he is implicitly claiming that her needs and feelings are not important or at the very least that they don't count as much as his. Thus, the victims must clarify for themselves that the claim implicit in the act of wrongdoing is false. Crucial is the recognition that the individual is just as valuable as every other person and that their needs and feelings matter very much. They must come to see that the wrongdoer is seriously confused about her/his status as a person. If the individual were to attempt to forgive the wrongdoer before this step is taken, the forgiveness will not be fully appropriate. Until the victim is assured about one's own worth, he or she would fail to sufficiently respect his/herself. Further, this type of forgiveness is not complete nor is it fully genuine. It amounts to condoning the wrong rather than forgiving the wrongdoer. In order truly to forgive the offender, the victim must first understand the nature of the wrongdoing and to do so, one must recognize one's own status as a person.

A second task for the victim of wrongdoing is that they must recognize that the perpetration against them was wrong, and they must also understand why it was wrong. That is, they must understand that they have certain rights and that anyone who violates those rights wrongfully harms them.

Third, the victim of wrongdoing faces the task of acknowledging one's feelings. A decent person will typically feel anger toward someone who harms her/him. The individual will also grieve over the loss, and, depending on the circumstances, may experience an array of conflicting emotions. In order to respect oneself, the injured person must honor such feelings and give oneself permission to experience them in full. One must recognize that these feelings are basic and legitimate human reactions to what has happened—reactions that will help to understand what is so stressful about the incident. The victim must also recognize that it is psychologically destructive to deny these feelings, and that by doing so, one is prolonging the harm. Thereby, victims who attempt to cut off their emotions in order to forgive the offender fail to respect themselves. By denying this integral part of one's humanity, one deprives oneself of an opportunity to understand the incident with all its ramifications and treats oneself in a psychologically destructive manner. This type of forgiveness, if one may use this label, is inappropriate to the extent that it is incompatible with the victim's self-respect. In genuine forgiveness, the injured person must overcome any negative feelings held toward the offender because of the offense. These feelings cannot be overcome in any meaningful sense until they are acknowledged. Until the victim fully experiences emotions with all the pain, a genuine internal resolution of the issue will be forestalled.

Fourth, depending on the circumstances, it may be important and necessary for the victim to express these beliefs to the wrongdoer. The individual may need to tell the

wrongdoer that the action was wrong, and that it is not acceptable to be treated in this manner. The individual does so unless this course of action would be dangerous or detrimental to oneself or to others. At the very least, the individual should not withhold feelings under the false assumption that these feelings are not valid or important, or not as important as the wrongdoer's.

Fifth, the victim of the perpetration faces the task of assessing the situation with respect to the offender. If the victims are to respect themselves and avoid being hurt again, they must consider the wrongdoer's attitude and behavior patterns. The injured person must determine the steps necessary to avoid further victimization. The self-respecting victim's goal, then, is to not forget the incident altogether but to reach a point where the incident is no longer remembered vindictively or is not allowed to interfere with an attitude of real goodwill toward the offender.

The final task for the victim of wrongdoing is to determine whether to seek restitution from the offender. In order to achieve self-respect, the victim must recognize that he/she has been wrongfully harmed and deserves restitution where possible. Respect for one's own integrity also requires that the individual look objectively and with some compassion at the wrongdoer's situation. One must then make a mature, reasoned judgment about how one wishes to proceed. If the victim overlooks this task in an attempt to hasten the process of forgiveness, the victim exhibits a lack of self-respect; and the state of genuine forgiveness is also forestalled or forfeited. In this case, the victim has not achieved a full internal resolution of the issue. The incident will not be brought to closure until the victim determines the course of action with respect to seeking restitution.

These steps permit the victim to heal and restore self-respect. Once initiating these steps, the victim can now let go of the hurt and pain and focus inward. The victim

now has the freedom and opportunity to take a more objective and compassionate perspective (Holmgren, 1993).

There are other processes that are worth examining. McCullough and Worthington, (1994a) constructed a developmental progression of understanding forgiveness that is far more involved than most. Their progression is consistent with the investigations of both Trainer's (1981) and Enright et al. (1989) in that the patterns concern people's reasoning in the areas of strategy used to forgive, the external and internal manifestation of forgiving, and the conditions under which forgiving is offered. The progression follows the logic of Selman's (1980) social perspective-taking and Kohlberg's (1985) moral development descriptions. There is movement from concrete to subtler abstract thought forms, and from emphases on the external to the internal. There is an increase in cognitive complexity as more involved reciprocal perspective follows. Finally, there is the transformation from the situational, as the person may or may not offer forgiveness to the exercise of more internally consistent principles. This suggests that as individuals develop cognitive skills, they become more able to take the perspectives of others, to empathize with their predicaments and shortcomings, and to value and accept them as people despite the pain they have inflicted in the past (McCullough & Worthington, 1994a). (See Table 2-1).

Romig and Veenstra (1998) postulate a simpler, more concise four step process:

1. View the offender's behavior in context (Hargrave 1994).
2. Develop empathy toward the offender (Cunningham, 1985).
3. Identify with the act by the offender to gain compassion (Benson, 1992).
4. Realize the individual has needed forgiveness from others in the past (Cunningham, 1985).

Fitzgibbons (1986) further condensed the process to two monumental steps. He states that forgiveness emerges after the therapist has analyzed the origins of the client's pain and after the client has spent considerable time on the cognitive level of

understanding what forgiveness is. The intellectual decision to forgive is then followed by emotional forgiveness, which reduces anger, making healing possible. Hope's (1987) view of forgiveness is somewhat paradoxical. As the client gives up the right to revenge or power and assumes a more humble position, it is then that the client feels empowered. Wapnick (1985) encourages the client to reinterpret past events. The objective is to challenge the client's distorted ways of thinking and of perceiving other people, thus liberating the client from unwanted and excessive guilt, anger, and other dysfunctional patterns that result from the distortions.

Table 2-1. The Development of Forgiveness

Pattern (1)

Revengeful Forgiveness Strategies: One considers ways to get back at the offender. Overt aggression is considered.

Manifestations

External manifestations such as words or gestures are indicative of the person's forgiveness; internal hostility may remain and may be openly expressed.

Conditions

Physical or psychological revenge or compensation must occur before forgiveness is possible.

External Forgiveness Strategies: One uses passive coping strategies while remaining angry.

Pattern (2)

Manifestations.

External manifestations are indicative of forgiveness. The person is aware of inner frustrations festering but suppresses them.

Conditions.

Pressures from social groups to forgive are sufficient to elicit forgiveness.

Internal Forgiveness Strategies: One actively seeks to understand the other's motives and thoughts and to reinterpret the event in light of the perspectives of self and other.

Pattern (3)

Manifestations

Forgiveness is primarily an internal activation of the beneficence principle which promotes inner release and possibly reconciliation.

Conditions

Forgiveness occurs unconditionally out of the principle of beneficence or love.

Cunningham (1985) offers his own four stages in the process stressing the challenge and strenuous task in the act of forgiving.

1. Judgement versus denial. Forgiving is not a nice and neat endeavor to undertake. On the contrary, it means willingness to die to oneself within realities that are painful in others as well as in one's self.
2. Humility versus humiliation. When offended and wounded, many of us have a natural tendency to internalize the injury and turn it against ourselves. This results in the painful state of humiliation that leads to the view of one's self and one's offender as adversarial and alien to one another.
3. The opportunity of mutuality and negotiation. In this stage the forgiver becomes different; he or she becomes open to change and growth. He or she becomes free from the need and desire to accuse and the compelling need to punish and to seek revenge.
4. Forgiveness. This is characterized by the actual living out of the forgiving process where perspectives on one's self, others, and God take place. This transforming stage of forgiving is the ongoing process of redefining one's relationship with the offender based upon an enlightened awareness of one's self and the offender. It is being conscious of not only of his or her limitations and capacities for sin and evil, but also of his or her kinship and commonality in humanness under God. Here, relationships are renegotiated and entrusted with new promises and new hope and new covenants are formed.

Underlying all these processes there are three commonly recognized general stages, whether stated or implied, preceding the final stage, forgiveness. There is the hurt stage, the anger stage, and the information-seeking stage (Linn & Linn, 1978). These factors are ordinarily found in most processes of forgiveness. To enliven this process, it is helpful to look at other factors that are involved in the challenge of forgiveness. There are at least eight factors that relate to the ability to forgive—four to consider in relationship to the offended party and four that relate to the offender. The factors associated with the offender are the following:

1. Severity of wrong—the more severe the more difficult it is to forgive.
2. The offender acknowledges the offense and is genuinely sorrowful for the outcome. It is more likely that forgiveness will be experienced.

3. Intentionality.
4. Frequency—infractions that are committed again and again are harder to forgive when all other factors are constant.

The four factors relating to the offended that facilitate or impede forgiveness are the following:

1. If the offended person has a deep commitment to the individual who offended them, the person is more likely to be willing and able to forgive in order to restore the relationship.
2. Ego-strength of the offended person. Those who do not possess a strong healthy self-love will be more likely to hold grudges and not be as able to reframe situations so as to find good coming from bad situations.
3. Decision to forgive on the part of the offended can be a crucial mitigating factor.
4. The person's personal history with forgiveness may make a difference. If a person has been forgiven, they may find it easier to forgive. (Rosenak & Harnden, 1992)

Anger and Forgiveness

Fitzgibbons (1986) clarifies the process of forgiveness through the understanding of anger and its role in healing. "Anger is a strong feeling of displeasure and antagonism aroused by a sense of injury or wrong" (p. 64). Soon after a hurt or disappointment, this emotion occurs and is closely associated with a degree of sadness from the hurt. Anger and how to deal with it is often a stumbling block in the forgiving process.

Anger develops as a natural inborn response of the failure of others to meet one's needs for love, praise, acceptance, and justice and may be experienced any place where there is human interaction, be it in the home, school, community, and place of employment. The experience of anger can lead to a desire for revenge, which does not diminish until the presence of the resentful feelings is recognized and subsequently resolved. Without this recognition and release, anger can be displaced for many years and erupt decades later toward the undeserving as in loving relationships or with significant

others. It will not be fully resolved until a conscious decision is made to liberate oneself from the desire for revenge and to forgive.

Three basic mechanisms are used to deal with this emotion: conscious or unconscious denial; active- or passive-aggression expression, and forgiveness. Denial is the major coping strategy for dealing with anger in early childhood. As a result of denial, most people carry into their adult lives significant amounts of unconscious anger from their family of origin. The active expression of anger may be appropriate, excessive, or misdirected. The passive-aggressive expression of anger directs this emotion toward others in a covert manner while the person acts as though they are not angry.

Many mental health professionals have viewed the appropriate expression of anger as the more healthy way to deal with this emotion (Freud, 1963; Janov, 1970; Novoca, 1975; Rubin, 1970). In Fitzgibbons' (1998) view the expression of anger is valuable and healthy; but when relied on solely for relief, serious problems can develop because of the degree and intensity of unresolved anger from previous disappointments encountered in childhood, adolescence, and adult life. The reenactment of past traumatic events accompanied by the expression of anger toward those who inflicted pain does not fully resolve the anger experienced in different life stages. Nor does the expression of anger result in a veritable sense of justice or freedom from responses by making them even more angry or aggressive with one another (Strauss, 1974). It adversely affects children (Gardner, 1971), increases guilt and shame (Lerner, 1985), reinforces inappropriate ways of relating, ruins friendships, and aggravates psychosomatic illness (Tavris, 1984).

Recognizing and understanding the harm anger can cause, it is expedient that a sound and healthy strategy be found to cope with it. Forgiveness may be that remedy.

Forgiveness works directly on the emotions of anger (and related constructs), such as resentment, hostility, and hatred, by diminishing its intensity or level within the mind and heart. Each time it is successfully applied to a disappointing or traumatic life experience within someone, it removes some of the anger from that hurt. Understandably, the more severe the emotional wound, the greater will be the time and effort needed to arrive at a control or resolution of the associated anger. Fitzgibbons (1998) explains how an individual can be assisted in this process of forgiving. An individual can be helped to move toward forgiveness by concentrating on a specific memory or a long series of painful memories. This process may then proceed in one of three levels: cognitive, emotional, or spiritual.

On the cognitive level, an individual, after analyzing the origins of their pain, makes a decision to forgive, that is to let go of anger or the desire for revenge. Initially, the person may not be inclined or have the proper disposition to forgive. For most people the forgiveness process begins with this cognitive level and usually remains on that level for a period of time. Fitzgibbons (1998) labels this step the cognitive level because the person decides to forgive, thinks it is good to do, but as yet does not feel compassion or love toward the offending one. As the anger level diminishes through regular forgiveness exercises, the intellect is bothered less by the negative effects of anger and subsequently grows in understanding the offender and his/her weaknesses.

Emotional forgiveness is that phase of forgiveness process in which the client comes to understand deeply the offender and his/her struggles, develops a certain degree of empathy for the "wounded boy or girl" within the adult, and as a result, feels truly inclined to forgive. This level or stage of the process of forgiveness is usually preceded by a significant amount of time in the utilization of cognitive forgiveness exercises.

Growth in understanding the weaknesses and life struggles of the offender is the major path that leads to emotional forgiveness. Some clients feel upset or even guilty when this process moves slowly. They may even balk at the cognitive forgiveness, for they believe that it is not forgiveness at all since they do not truly feel like forgiving. The crucial need here is to recognize that forgiveness is a process with several stages, and that in time, perhaps slowly, the feelings will follow.

The third approach to the use of forgiveness is spiritual. This approach is utilized when someone suffers from such severe pain that they cannot let go of resentment against the offender either cognitively or emotionally. In utilizing a modification of the AA Twelve Steps program, the person tries to reflect: "I am powerless over my anger and want to turn it over to God" or "Revenge or justice belongs to God" or "God, forgive him, I can't" or "God, free me from my anger" (Alcoholics Anonymous, 1952). Hopefully this will lead to the former step of the cognitive exercises, which in turn emotional forgiveness may follow (Fitzgibbons, 1998).

The Model of Forgiveness Based on Kohlberg's Theory of Moral Development

Perhaps the groundbreaking work on moral development is Kohlberg's (1969, 1973, 1976) explanation of the development of sense of justice. It is this standard that Enright and colleagues and others (Enright, Gassin, & Wu 1992; Enright & HDSG, 1991b; Enright, Santos, & Al-Mabuk, 1989; Nelson, 1992; Spidell & Liberman, 1981) have used to describe the acquisition of reasoning about forgiveness. These models suggest that as individuals develop cognitive skills, they become more able to take the perspective of others, to empathize with their predicaments and frailties, and try to value and accept them as people despite the hurts they have inflicted in the past. In Table 2-2 the models of Enright's group (Enright, Gassin, & Wu, 1992; Enright & HDSG, 1991a) are placed alongside Kohlberg's to show how they correspond to each other. Each stage

Table 2-2. Developmental Models of Forgiveness and Their Relationship to Kohlberg's Theory

Kohlberg's Theory	Enright Model
Stage 1. Punishment and obedience orientation. Justice should be decided by an authority or one who punishes.	Stage 1. Revengeful forgiveness. Forgiveness is not possible without punishment to a degree of pain similar to the pain of the offense.
Stage 2. Relativist justice. A sense of reciprocity defines justice. ("If you help me, I will help you.")	Stage 2. Restitutional/compensational forgiveness. Forgiveness can occur out of guilt or if the offender offers some form of restitution.
Stage 3. Good boy/good girl justice. Group consensus determines what is right and wrong. The morality of behavior is based on the approval of others.	Stage 3. Expectational forgiveness. Forgiveness is a response to social pressure.
Stage 4. Law and Order Justice. Societal laws determine conceptions of justice. Laws are upheld to maintain an orderly society.	Stage 4. Lawful expectational forgiveness. Forgiveness occurs in response to societal, moral, or religious pressure.
Stage 5. Social contract orientation. Interest in maintaining the social fabric, with the realization unjust laws exist. It is just and fair to work in the system for change.	Stage 5. Forgiveness as social harmony. Forgiveness restores social harmony and right relationships.
Stage 6. Universal ethical principle orientation. Sense of justice is based on maintaining the individual rights of all persons. Conscience rather than laws or norms determines moral behavior.	Stage 6. Forgiveness as love. Forgiveness promotes love. The offense does not jeopardize love. Forgiveness increases the likelihood of reconciliation between the offender and the forgiver.
Stage 7. Life is valued from a cosmic perspective.	

Source: Enright, Santos, & Al-Mabuk, 1989

in Kolberg's model corresponds with one, and only one stage, in Enright's model. In the lowest stages—Revengeful Forgiveness and Restitutional Forgiveness—forgiveness can only occur after the wrongdoer has been subjected to revenge or appropriate punishment. In the middle stages—Expectational Forgiveness of Forgiveness as Social Harmony—forgiveness can be gained only if pressures from significant others are present. It is only in the highest stage of the model—Forgiveness as Love—that forgiveness is conceived as an unconditional attitude and is seen as promoting positive regard and good will. This ultimate stage in theory best illustrates the difference between the Piaget and Enright conceptions of forgiveness. According to Enright and the Human Development Study Group (1994), forgiveness due to its gift-like character, does not entail any kind of reciprocity as conceived by Piaget (1932). Nelson (1992) and Enright's Group (Enright, Gassin, & Wu, 1992; Enright & HDSG, 1991a; Enright et al., 1989) considered the earliest signs of reasoning concerning forgiveness to occur when cognition is predominately egocentric and preoccupied with avoiding pain and seeking pleasure. Nelson (1992) called this stage of reasoning about forgiveness the precognitive. Individuals resent authority and have a limited capacity for intimacy with and empathy for others.

Forgiveness' prime motivation is a self-interest and desire for revenge and restitution. Such individuals feel hurt by even minor offenses. Enright's group (Enright, Gassin, & Wu, 1992; Enright & HDSG, 1991a; Enright, Santos, & Al-Mabuk, 1989) divided this period into two stages. During the stage of revengeful forgiveness, forgiveness is motivated by an egocentric desire for revenge. During the stage of restitutional-compensational forgiveness, forgiveness is driven by a desire to receive compensation and restitution for offenses that one has experienced. This period of

forgiveness reasoning coincides with the stages of justice reasoning that Kohlberg (1969, 1973, 1976) called punishment and obedience orientation and relativist justice.

Nelson (1992) and Enright's group (Enright, Gassin, & Wu, 1992; Enright & HDSG, 1991a) considered an intermediate period of reasoning concerning forgiveness to occur when individuals are preoccupied with rule-governed behavior and desire to appear good in the eyes of others. Enright and associates subdivided this period into expectational forgiveness, during which forgiveness results from social pressure. Lawful expectational forgiveness grants forgiveness due to the influence of institutional, moral, or religious pressure; or as social harmony in which forgiveness is used to maintain social harmony and good relationships. This period of forgiveness reasoning coincides with Kohlberg's (1969, 1973, 1976) stages of justice reasoning called good boy/good girl justice, law and order justice, and social contract orientation.

The third period of reasoning concerning forgiveness is characterized by genuine interest in the well being of others and for promoting love and interpersonal harmony. Enright and associates labeled this stage simply as love. This period of forgiveness reasoning parallels Kohlberg's (1969, 1973, 1976) universal ethical principle orientation stage of justice reasoning.

Enright et al. (1989), Huang (1990), and Park, Enright, and Gassin (1993) found evidence for a developmental view on reasoning concerning forgiveness in American, Taiwanese, and Korean samples. In these studies, reasoning concerning forgiveness (according to the model of Enright et al. (1989)) was moderately correlated with justice reasoning. Reasoning concerning forgiveness also increased with age.

The Forgiveness Model

The following model proposed by Enright and the Human Development Study Group will be utilized in this study. It incorporates the ideals of the prementioned models. It is, at best, an estimate of the general pathway many people follow when they forgive. This model is not a rigid, step-like sequence but is instead a flexible set of processes with feedback and feed-forward loops. In the process of forgiving some may skip entire units.

When people do decide to forgive, they seem to need time to accommodate slowly to the idea. Enright and the Human Development Study Group observed two patterns of change. In the first pattern, most people will consider forgiving another person when their emotional pain is so intense and discomforting that they must do something to change this stressful situation. When they do decide to forgive, it is primarily a self-interested activity; the person forgives in order to feel better. Only after a period of time does the forgiver understand the gift like quality of forgiveness. Gradually, the forgiver does focus on the other person rather than on the self. Over time, people who continue to practice forgiveness may actually alter their primary worldview or their own sense of identity to integrate forgiveness into their own philosophy of life and that view of themselves.

In the second pattern, once focusing on the other with the intent of forgiving, the forgiver operates by one of three moral principles. The first is finding that practicing merciful restraint is sufficient in itself. Merciful restraint is the holding back of a negative response, such as punishment, when the offended has the power or the "right" to punish. In merciful restraint, the forgiver gives up the initially attractive option of revenge or condemnation. Later, he or she may have the strength and inner fortitude to give generously to the other. Generosity goes further than refraining from the bad; it includes the dimension of giving such positive elements as occasional friendliness and attention to

the offender. Still later, some forgivers may offer the gift of moral love, in which the forgiver willingly enters into the other's life in the hope of positively transforming the other and the community. The forgiver's degree of trust toward the other and the amount of time passed since the offense(s) play a significant part in these unfolding patterns (Enright et al., 1998).

The moral judgment literature suggests that forgiveness is developmental (Enright, Santos, & Al-Mabuk, 1989; Piaget 1932/1965). As forgiveness is both a psychological and social process, it should be subject to developmental influences (Romig & Veenstra, 1998). As people mature, they may be more willing to forgive a deep offense against them (Subkoviak et al., 1992). Piaget highlighted some pertinent factors that influence and affect our ability to forgive. Piaget (1932/1965) placed forgiveness within a developmental framework because in his view it possessed certain developmental characteristics. The first is maturational aspect. Young children have a difficult time understanding forgiveness. It is only in late middle childhood that the concept emerges. The second is manipulation of the object. Without practicing forgiveness, it is difficult to forgive. Third is social input. Certain religious beliefs and cultural supports and models from significant others encourage forgiveness. Fourth is equalization. When a person tries to forgive there can be periods of confusion, stress, and struggle before the "balance of forgiveness" (Fitzgibbons, 1986; Kaufman, 1984). Forgiveness according to Piaget (1932) emerges late in childhood, once the child passes through heteronomous and into autonomous moral reasoning.

Forgiveness is more than a moral matter; it is an interpersonal process that represents a possible response to wounds or injustice we encounter in relational context. How a person conceptualizes and experiences relationships, particularly the more personal

and intense relationships, should influence the process of reconciling a relationship unraveled by unjustly induced pain. One's psychosocial development may also have a significant influence in how one reacts to a painful injury and the processes selected for coping with such injury. Erikson's theory of psychosocial development provides means for understanding the process of resolving significant relationship injuries (Romig & Veenstra, 1998).

Erikson (1963) developed a sequence of eight developmental stages that are hierarchically ordered and expand over one's entire life. At each particular stage one is confronted by a unique crisis or conflict, although each conflict remains present in some form throughout the life span and is never entirely resolved. Romig and Veenstra (1998) analyzed the primary stages and how they relate to forgiveness. The key stages are the first (trust vs. mistrust), sixth (intimacy vs. isolation), and seventh (generativity vs. stagnation), which examine primarily relational issues. A person who does not resolve the trust versus mistrust crisis in an adequate manner perceives the world as unpredictable, menacing, and unsafe; is likely to view people with suspicion; and is hyper vigilant on being exploited. It would be most challenging for this individual to respond to an injustice with forgiveness. Even if forgiveness were offered, it would be primarily from the vantage of self-preservation.

The failure to resolve the intimacy versus isolation crisis satisfactorily could direct one toward self-absorption, fear of intimacy, and profound ambivalence toward being in committed relationships. A defensive wall goes up to protect the individual from what he or she most craves and needs. An unjust injury would only aggravate this tendency to remain distant and fearful of and isolated from intimate relationships.

Failing to resolve the generativity versus stagnation crisis would greatly contribute to a person living primarily for selfish gratification and remaining inconsiderate to the well-being of others. Forgiveness requires making a decision to promote justice for the sake of showing mercy and compassion and a concern for the well-being of the offender, and this would most likely not be present in anyone who fails to resolve this stage (Romig & Veenstra, 1998).

Finally, what does the process of forgiveness look like? Recall that forgiveness has been defined as a "voluntary forgoing of negative affect and judgment by an injured party directed at someone who has inflicted a significant, deep, and unjust hurt; this process also involves viewing the wrongdoer with love and compassion" (Enright & HDSG, 1991a; North, 1987).

Forgiveness is a process of struggling with and ultimately abandoning negative thoughts, feelings, and behaviors directed at the injurer, while gradually and actively incorporating positive thoughts, feelings, and behaviors toward the same. This general process may involve some or all of at least 20 subprocesses based on Enright's model (Gassin & Enright, 1995).

The foregoing model has been shown effective in three works to date. Freedman and Enright (1996) in an intervention with female incest survivors, used the model in a once-per-week educational program. The participants explored the ideas of each unit at each woman's own pace for an average of 1 year to complete the program. This was an experimental and controlled design that was randomized. After the experimental group completed the educational program, the women who composed the original control group participated in the discussion, thus becoming the second experimental group.

Table 2-3. Process of Forgiving

Uncovering Phase
1. Examination of psychological defenses (Kiel, 1986). 2. Confrontation of anger; the point is to release not harbor, the anger (Trainer, 1981) 3. Admittance of shame when this is appropriate (Patton, 1985) 4. Awareness of catharsis (Droll, 1984). 5. Awareness of cognitive rehearsal of the offense (Droll, 1984) 6. Insight that the injured party may be comparing self with the injurer (Kiel, 1986). 7. Realization that oneself may be permanently and adversely changed by the injury (Close, 1970). 8. Insight into a possibly altered "just world " view (Flanigan, 1987).
Decision Phase
9. A change of heart conversion, new insights that old resolution strategies are not working (North, 1987). 10. Willingness to consider forgiveness as an option 11. Commitment to forgive the offender (Neblett, 1974).
Work Phase
12. Reframing, through role taking, who the wrongdoer is by viewing him or her in context (Smith, 1981). 13. Empathy toward the offender (Cunningham, 1985). 14. Awareness of compassion, as it emerges, toward the offender (Droll, 1984) 15. Acceptance, absorption of the pain (Bergin, 1988).
Outcome Phase
16. Finding meaning for self and others in the suffering and in the forgiveness process (Frank, 1959). 17. Realization that self has needed others' forgiveness in the past (Cunningham, 1985). 18. Insight that one is not alone (universality, support). 19. Realization that self may have a new purpose in life because of the injury. 20. Awareness of decreased negative affect and, perhaps increased positive affect, if this begins to emerge, toward the injurer; awareness of internal, emotional release (Smedes, 1984).

Source: (Gassin & Enright, 1995, p. 39)

Three findings are worth noting (Freedman & Enright, 1996). First, a comparison of the experimental group with the control group after the 1st year of education, showed that the experimental participants gained statistically more than the control group in forgiving and hope. The experimental group decreased statistically significantly more than the control group in anxiety and psychological depression. Second, after the 1st year, participants from the original control group became an experimental group for the entire 2nd year. Thus, one could compare their outcomes within the 2nd year (as experimental participants) with their own outcomes during the 1st year (as control participants). This comparison yielded results similar to the first aforementioned finding about the experimental group and the control group. The changes in the 2nd year compared with those of the 1st year within this group were statistically significant: There was a greater decrease in anxiety and depression. The third comparison examined the original (1st year) experimental group scores at the 1-year post test within their scores at a 1-year follow-up (1 year after intervention ceased for this original experimental group). These participants maintained their change patterns on all scales, thus showing that there was no washout effect.

The two other interventions also validated this model of forgiving. Al-Mabuk, Enright, and Cardis (1995) reported positive mental health outcomes following short-term workshop on forgiveness education for college students who had been deprived of parental love. Hebl and Enright (1993) demonstrated forgiving responses in the elderly following an 8-week program. In the latter study, both experimental and control groups decreased in anxiety. The overall pattern across these diverse samples suggested that the model of forgiving is effective in bringing people to a forgiving stage toward an offender.

Units 1 through 8 represent the preforgiveness interpersonal conflict following a deep, unfair hurt. Psychological defenses (unit 1) mask emotional pain that may be too intense. Anger (unit 2) is one of the initial signs that the individual is confronting the offense. Anger, though uncomfortable, is considered a necessary part of the forgiveness journey in its initial phases (Hope, 1987). Common behaviors such as shame, attaching a greater deal of emotional energy to the problem (carthexis), rehearsing the event over and over in one's mind (cognitive rehearsal), and similar patterns are common (units 3 through 5). In some cases the person must at some point confront a permanent negative change (e.g., paralysis from an accident, broken relationship, loss of sexual innocence) in unit 6. Unit 7 can be particularly painful, as the injured party (who acknowledges his or her own loss) sees no such deficit in the injurer. All of this may lead a person bitterly to conclude that life can be profoundly unfair (unit 8).

In units 9 through 11 the injured party becomes aware that there are other possibilities and paths that one can choose to travel. There lies a glimmer of hope that life still offers worthy opportunities. There is no set time, situation, or condition that the individual may discover this possibility.

Units 12 through 20 compare the processes of change directed toward forgiveness. The injured can now rise above the hurt and look beyond the self to consider the other. Reframing (unit 12) is the process of viewing and understanding the offending person in context—examining the developmental history, their deficits, and the pressures they were under at the time of the injury. One does not condone but desires to understand the phenomenological view. Many, including Guest (1988) and Trainer (1981), advocate this strategy. Empathy (unit 13) is the essential emotional counterpart to cognitive reframing.

From this understanding, compassion (unit 14) can emerge, making the acceptance of the injustice and the gift of forgiveness a possibility. The insights gained from unit 15 enable the forgiver to realize that both self and other are imperfect and fallible, which may make the next unit easier to achieve. When one absorbs the pain (unit 16), it prevents the conflict from being directly transmitted to individuals in present and/or future generations (Bergin, 1988). Unit 17 helps the offended find life meaningful and forms the solid foundation of positive psychological adjustment (Frank, 1959). Some people, as they head toward psychological healing, develop a new purpose in life. Out of the ashes comes a new promising life and vision (unit 18). The incest survivor, for example, decides to use the insight gained and counsel other survivors. As the person experiences a decrease in the negative emotions (e.g., resentment, hostility), forgiveness, which once seemed unattainable, now becomes a real possibility (unit 19). Finally, in unit 20, the wounded party experiences a release of most (if not all) negative, toxic emotion directed at the offender.

Fitzgibbons (1998) offers insight into what occurs under the broad categories of the forgiveness process during this challenging task. The stages are listed below.

Uncovering

In the uncovering phase the nature and role of anger is discussed, including the methods of dealing with this potent emotion and the many forms that anger reveals itself at various life stages. In this phase, the clients learn how they can resolve any anger that they may discover within themselves. Quite often, people are more likely to admit and own their anger if there is an option for dealing with it that does not require expressing it.

Cognitive exercises are put into practice at this stage. The cognitive exercises enables one to admit anger, perhaps previously denied, and to work with it, thereby initiating the process of the healing journey.

In the decision phase, forgiveness is presented as the preferred method, along with promoting its many advantages as the avenue to pursue for healing. To inspire and motivate the individual, successful cases, histories of others with conflicts, are presented to encourage. To clarify any false misconceptions, forgiveness is explained for what it is and for what it is not. Many people in this initial stage of their healing are so overwhelmed that they cannot even consider offering compassion, generosity, and love toward those who have hurt them grievously. Many will only decide to begin the process after they have been reassured that they do not have to become vulnerable toward the person whom they wish to forgive. They are reassured that forgiving does not preclude expressing anger or pursuing justice where appropriate. The resolution of anger with an offender and the investment of trust toward that person are related but remain distinct procedures.

During this phase, for those fortunate enough not to be suffering from severe pain or betrayal, they are informed that, as they work on surrendering their anger, they most likely will come to experience compassion and love toward those who have hurt them. Forgiveness is possible through a process of sincere attempts to understand the emotional development and to empathize with their life stresses of those who have inflicted the pain. As that process occurs, there is a keen awareness that the behavior of many offenders can be attributed not as an innate evil but to their own emotional scars. If possible, the stage methods of forgiveness are presented-cognitive, emotional, and spiritual.

Work

In the work phase the therapist describes reframing as understanding. For most people, forgiveness begins first, as an intellectual pursuit in which there is no emotional attachment to the thought of forgiveness. If their anger existed toward a parent, they would be asked to identify a number of areas in which they were disappointed with each parent and to spend time forgiving the parent of any or perceived injustices at different developmental stages. Most likely, this would be met with resistance. Also, some come to realize that they have been hurt so deeply that they cannot even utter the word forgiveness, and they are more comfortable stating that they are willing to rid themselves of their desire for revenge. For those with deep embedded anger, the release of resentment can be facilitated by a process that begins with the physical expression of anger. Caution is exercised so that no one will get hurt. This is immediately followed by cognitive forgiveness exercises directed at letting go of the desire for revenge.

It is during this crucial stage that the major obstacles to forgiveness are reviewed. These may include a lack of parental modeling for the task, significant others who continue to disappoint and frustrate in a regular manner and/or a personal basis, narcissism, and a compulsive need to control. Also, since anger is often used to defend against feelings of inadequacy and fear, particularly the fear of betrayal, many individuals are not able to relinquish their anger and move ahead with the forgiveness process until their self-esteem and basic ability to trust are reestablished.

It is important to point out that, although forgiveness diminishes the level of anger, it does not completely heal the wounds of sadness and mistrust. For many who have sustained major loss, only through a sense of being loved in a new and unique way can allow them to accept the pain.

Outcome

The benefits from the effort to forgive far outweigh the struggle it entails. The significant benefits range from a decreased level of anger and hostility to an increased feelings of love and a marked ability to control anger, improved capacity to trust, and the freedom from the subtle control of individuals and events of the past. Other advantages are a letting go of negative, parental, emotional, and behavioral patterns, improved sleep patterns, self-confidence in relationships, improved academic and work performance, improved concentration skills, and a resolution of physical symptoms and illnesses caused by hostility (Barefoot et al., 1983; Schekelle et al., 1983).

These preceding stages seem to occur (a) slowly, (b) with a little understanding toward the other (such as seeing the other person as imperfect), (c) in confusion over the emotions (as you sort out the mix of emotions), (d) with a residue of anger left over (it seems to go away then emerges, but over time it lessens), (e) a little at a time, (f) freely or not at all (the other is no longer under obligation to you for what they did) (Eastin, 1988). When one has received forgiveness, it is easier to forgive others (Smedes, 1984).

In reviewing the literature, the following five components appear to be crucial in the process of forgiveness:

1. The acceptance into awareness of strong emotions such as anger and sadness.
 2. Letting go of previously unmet interpersonal needs.
 3. A shift in the forgiving person's view of the offender.
 4. The development of empathy for the offender.
 5. The construction of a new narrative of self and other.
- (Malcolm & Greenberg, 2000)

Though this process may appear fixed and orderly, forgiveness does not always flow as smoothly as it may seem. The first and most vital step in the process is making the commitment to forgive. Forgiveness is first and foremost an act of the will. There is no

universal process that fits each person's situation. "There is no cookbook formula for forgiveness. I inform people that they must choose to be forgiving. If they wait until they feel forgiving before they choose to forgive, it may be a long and arduous wait"

(Coleman, 1998, p. 76)

The Role of Empathy

Perhaps the sine qua non character trait for the role of forgiving is empathy. Studzinski (1986) sees the capacity to forgive another as the hallmark of a mature personality, a considerable advance over the brute desire for revenge. It is through an advanced maturity that we are able to look beyond our needs and our wounds and forgive and empathize with another. Forgiveness requires focusing our understanding on the other person, as well as seeing oneself just as capable of hurting others, intentionally or unintentionally (Lampman, 1999). A key ingredient in our ability to forgive apparently originates from the injured person's ability to identify or empathize with the offending individual (Rowe et al., 1989). The ability to feel with another person represents a transformation of one's narcissistic tendency to a socially beneficial direction. Empathy lays the emotional foundation for the later cognitive capacity for taking social perspective for examining situations from the other person's vantagepoint. The injured person concludes that the offender is also human and capable of committing mistakes and also might perceive that the offender needs to be forgiven in the same fashion that the injured person would want to be forgiven if the situation were reversed. Through this maturation, one may even consider that there is a common bond, a sense of unity between the forgiver and the offender, for they share the most fundamental quality, that of being human (Studzinski, 1986).

A number of theorists (Brandsma, 1982; Cunningham, 1985; Fitzgibbons, 1986; Hope, 1987; Enright & HDSG, 1991a; McCullough, 1997) have identified the capacity for empathy as the primary element in successful forgiveness. McCullough, Worthington, and Rachal (1997) have proposed and investigated an empathy model of forgiveness and McCullough, Worthington, and Rachal (1997) have concluded that empathy and forgiveness are intimately, maybe even causally, linked. Empathy can be defined as "an active effort to understand another person's perception of an interpersonal event as if one were that other person, rather than judging the other person's behavior from the perspective of one's own experience of that event" (Malcolm & Greenberg, 2000, p. 180).

Worthington (McCullough & Worthington, 1994b) developed an empathy-humility-commitment model of forgiveness. In this three-part model, forgiveness is hypothesized to be initiated by empathy for the offender, advanced by humility in the offended, and then reinforced through a public commitment to forgive the offender. The driving force is empathy. Narcissism, the inability to move beyond oneself, has an inhibitory effect on the forgiveness process. Difficulty in empathic functioning is a glaring shortcoming in narcissism, and empirical evidence of a negative association between empathy and narcissism has emerged (Ehrenberg, Hunter, & Elterman, 1996; Porcerelli & Sandler, 1995; Watson, Grisham, Trotter, & Biderman, 1984). Worthington states that "forgiveness is the natural response to empathy and humility" (Worthington, Sandage, & Berry, 2000, p. 64). The hypothesized link between empathy and forgiveness has been empirically confirmed in a series of correlative and intervention studies by McCullough, Worthington, and their associates (McCullough, Worthington, & Rachal, 1997). The lack of empathy is an unfortunate characteristic of a narcissistic personality and accounts in

part for the difficulty people with such a disorder have in forgiving injuries done to them (Wilson, 1994).

In this whole process of forgiveness, as challenging as it may be, the core element that facilitates forgiveness is empathy. Empathy for the offending partner acts as the central facilitative condition that induces forgiveness. A variety of pro social phenomena, such as cooperation, care, altruism, and the inhibition of aggression may facilitate the role of empathy for the other person (Batson, 1990, 1991; Batson & Oleson, 1991; Eisenberg & Fabes, 1990; Eisenberg & Miller, 1987; Hoffman, 1981, 1990; Moore, 1990; Rusbult, Verette, Whitney, Slovik, & Lipkus, 1991; Tangney, 1991). French philosopher and educator Jean Piaget, writing in 1932, saw forgiveness as an advanced stage of moral development, arguing that empathy is the cognitive operation making forgiveness possible because it entails the compassionate recognition that the other is also human.

Empathy is the cognitive awareness of another's internal states that reflect their thoughts, feelings, perceptions, and intentions (Ickes, 1997). Empathy is the involvement of the psychological process that makes a person have feelings that coincide with another's situation more than with their situation (Hoffman, 2000).

Robert Enright (1999) suggests the following questions to help "the injured person view the offender as a vulnerable human being":

1. What was it like for the person as they were growing up? Did the offender come from a home in which there was conflict or even abuse?
2. What was happening in the person's life at the time they hurt you?
3. Can you see the person as having worth simply by being a member of the human community?

In answering these questions one may gain the necessary insight and empathetic understanding to forgive one's perpetrator.

How Does One Know When Forgiveness Has Taken Place?

Having put into practice the aforementioned steps, how does one know that one has achieved an adequate level of forgiveness? Flanigan (1998) found that interviewees considered forgiveness complete when they had achieved one of these four end-states or some combination of them.

1. When they no longer harbored resentment or hatred toward the offenders.
2. When they felt neutral toward their offenders.
3. When they once again experienced some degree of trust in their offenders.
4. When they have achieved reconciliation with their offenders.

Smedes (1984) states simply and clearly that you will know forgiveness has begun in you when you recall that person who hurt you and now are able to wish him/her well. Rosenak and Harnden (1992) state that internal signs for the forgiver are lack of pain, an inner sense of peace, the ability to enjoy life, the discovery of the resources to pray, and not being preoccupied with past hurt (Wilson, 1994). Eventually, over time, with full expression of thought, feeling, and behavior, the one who is injured gradually becomes aware that he/she has relinquished the right, insistence, need, or desire for revenge (Hope, 1987; Smedes, 1984). Retaliation is no longer an option that seems beneficial to healing the self (Jampolsky, 1985). One can truly and with heartfelt sincerity begin to wish the other well (Smedes, 1984).

Forgiveness is a process primarily concerned with the experience of resolution, of moving on: of healing the past. It strives to get unstuck from the agony and burden of past injuries. The future holds an immediate sense of being on the verge of bright, new beginnings and is again available where previously it was not; the past, although neither forgotten nor rationalized away, no longer is a haunting, heavy, and troubling issue. (Rowe et al., 1989, p. 242)

Fow (1988) believes that forgiveness has taken place when "being angry ceases to be as figural and disturbing . . . one no longer experiences the violation as an unresolved blocking of everyday life, of one's unfolding future" (pp. 89-90).

Over time the injured person receives the gift of no longer being held bound to repressed anger, resentment, and desired revenge. At this stage of forgiveness, the person would no longer feel, think, or act as if they were in bondage to the harmful event or to the individual that injured them (Flanigan, 1987). A possible side effect or by-product of this release is that the injured person may not only be free from negative emotions but actually have positive feelings toward the injurer (Eastin, 1988). When this occurs, one can safely assume that one is well on the road of forgiveness.

The critical dimension of forgiving is that one experiences an alteration in one's understanding of, and relationship to the other, oneself, and the world. . . . There is an experience of reclaiming oneself, which at the same time, implies a shift into a larger perspective. (Rowe, 1989, pp. 241-242)

What Are the Benefits in Forgiving

Despite the effort and the strenuous demands in the forgiving process, there are many benefits derived from it. We have modern examples of those who suffered tremendous injustices and yet were able to forgive. In 1985, Pope John Paul II went into the bowels of Rome's Rabiibia prison to visit Menet Ali-Akhga, a hired assassin who tried to kill him in 1981 and almost succeeded. In 1992, Christopher Wilson, a Black Californian, forgave two White teens who doused him with gasoline and set him afire, yelling at him "Die nigger, die" as he rolled in agony. Reginald Denny, who is White, forgave two Black men who pulled him from his truck and tried to beat him to death during the 1992 Los Angeles riots. They claimed that by forgiving they have a greater sense of peace and calm. These examples point to the salutary effects and healing power of forgiveness.

Recent research has suggested many benefits of forgiveness, including increased mental health, (Al-Mabuk, Enright, & Cardis, 1995; Coyle & Enright, 1997; Freedman & Enright, 1996; Hargrave & Sells, 1997; Hebl & Enright, 1993) and marital satisfaction (Fennel, 1993). In contrast, defensive responses such as revenge fantasies and blaming have been associated with psychopathology (e.g., Greenwald & Harder, 1994; Zelin, Adler, & Myerson, 1972), criminality (Holbrook, White, & Hutt, 1995), poor health outcomes (e.g., Affleck, Tennen, Croog, & Levine, 1987; Tennen & Affleck, 1990).

Forgiveness can lead to the healing process.

The goal of therapeutic process is to assist people resolve painful and self-defeating patterns of behavior. Therapists are confronted in their work with the harsh facts of injustice, the abuse of the weak by the strong, betrayals of trust, loyalty, and innocence. One sees the results of these actions in adult clients who act out the patterns of self-punishment and self-limitation in their distorted images of the social world, in their rage directed inward and acted out against other or anesthetized with substances. (Hope, 1987, p. 241)

Forgiveness leads to freedom. "We cannot be free until we set others free by forgiving them" (Ogilvie, 1984, p. 61). It is becoming apparent that the only way to heal the pain that will not heal itself is to forgive the person who hurt us (Smedes, 1984). Forgiving has the power to finally stop the reruns of the pain and frees us from the bondage to the offender (Benson, 1992).

There are many reasons why it is so important to forgive, not the least of which is that the alternatives are so destructive. A Chinese proverb says, "The one who pursues revenge should dig two graves." It has been stated that 75% of people in hospitals with physical illnesses have sicknesses rooted in emotional causes and, in fact, these patients are punishing themselves with their illnesses suggesting their involuntary confessions of guilt (Belguim, 1970). Forgiveness is much more than a moral imperative and much more than a theological dictum. It is the only means, given our humanness and imperfections, to

cast aside hatred and condemnation and go forward with the business of growing and loving (Coleman, 1998). It has been known for years that depression is quite often accompanied by a significant feeling of guilt. The director of a psychiatric hospital in Knoxville, Tennessee, states that 50% of the patients could go home if they knew they were forgiven (McDowell, 1986).

One of the most serious consequences from lacking forgiveness is that one becomes bonded to those one needs to forgive and indebted to those who need to be forgiven, which in effect gives others control over our lives. As the avenger, one instead is controlled rather than the one in control (Hershey, 1984). Setting others free translates into setting oneself free because resentment is really a form of attachment—a cosmic tie to the thing that we hate. The inability to let go of a hurt may cause an enmeshment with another person as we hold fast to hate and anger, perhaps to avoid feelings of grief and sadness (Rowe & Leiter, 1987). This bond may also provide us with someone to blame for our problems, which illustrates the extremely close relationship between facing responsibility and forgiving (Seamands, 1981).

The victim who does not forgive the perpetrator of the abuse becomes united to him/her and remains indebted to the perpetrator, which consequently hands over to the perpetrator control over the victim's life. By setting the offender free, believes Benson (1992), the survivor, most importantly, would be set free because resentment is really a disguised form of attachment. She believes that the survivor who clings to the hate and anger causes an enmeshment with the perpetrator, which may in fact be used as a defense mechanism to avoid feeling grief and sadness. Benson questions if the perpetrator might provide someone to blame for the problems in the survivor's life and help the survivor avoid taking responsibility for how to live. Further, she states that in being unwilling to

forgive, the survivor has far more to lose than the perpetrator because whatever one cannot forgive, one is doomed to live out. The inability to forgive frailty in the perpetrator poignantly indicates that the same negative conditions exist in the survivor (Benson, 1992).

Kaufman (1984), a psychiatrist, states, "If sanity is to be secured the hate that binds in slavery must be loosened by forgiving those who have in truth or illusion hurt and wronged us" (p. 180). In a carefully controlled experimental design, Huang (1990) found that those with a high level of forgiveness were significantly lower in both blood pressure and levels of negative emotions as measured by observation of facial expression than matched controls. Al-Mabuk (1990) showed significant correlations between forgiveness and the following variables: lower levels of psychological depression, lower levels of anxiety, and higher levels of self-esteem.

When one forgives certain elements are subtracted from each system. Negative emotions such as anger, hatred, resentment, sadness, and/or contempt are given up (Richards, 1988). This may occur slowly, but it eventually is accomplished specifically toward the injuring person in the context of the given offence. In the cognitive system, one ceases condemning judgements and the planning of revenge, if this occurred. In the behavioral system, one no longer acts out the revenge (if such were occurring, however subtle). When one forgives, certain elements are added to each system. In the affective system, the negative emotions are replaced by more neutral emotions and eventually by positive affect, such as compassion (Downie, 1965; Cunningham, 1985; North, 1987). Positive thoughts emerge toward the other, such as wishing the individual well (Smedes, 1984) and viewing them respectfully as a moral equal (Cunningham, 1985). In the behavioral realm, there is a willingness to join in loving community with the other perhaps

making overtures in that direction (Augsburger, 1981). Such overtures will depend on true change in the other. There is the potential for the forgiver to experience both inner release and a healed relationship (Augsburger, 1981).

In a study conducted at Hope College, in Holland, Michigan, professor of psychology Dr. Witvliet (in press), investigated the body's reaction to positive and negative imaging. Placing electrodes on the young volunteers, she put the volunteers through a four-stage mental imaging process. They were first asked to think about a hurt that had been done them and then "actively rehearse" it for 16 seconds. At the sound of the tone, they were to escalate the thought to "nursing a grudge" and making the offender feel horrible. Another beep cued them to shift gears and "empathize with the offender." Finally, they were to imagine ways to "wish that person well." Throughout the two-hour session, the four responses occurred in different sequences, and Dr. Witvliet, measured their heart rate, blood pressure, sweat and muscle tension (in press).

So far she has studied 71 subjects, (36 male, 35 female). Witvliet found "robust" physiological differences between not forgiving and forgiving states. Subjects' cardiovascular systems inevitably labor when they recall the person who harmed them. But stress is "significantly greater" when they consider revenge rather than forgiveness. Witvliet suggests that we may be drawn to hold grudges because it may offer us a false sense of being in control. Interviews with her subjects indicated that they surprisingly felt in even greater control when they tried to empathize with their offenders and enjoyed the greatest sense of power, well-being, and resolution when they managed to grant forgiveness (in press).

Forgiveness offered to one's perpetrator leads also to forgiveness of oneself. If one looks at the level of unconscious process, it can be seen that the standards by which a

person judges others is the same standard they use to judge themselves. In psychological terms, if people condemn others they may be expected to have a harsh and punitive superego monitoring their own behavior. By practicing a forgiving attitude toward others, a person can also expect to temper the rigidity by which one judges oneself (Hope, 1987, p. 242). Stapleton (1977) states that as we adamantly refuse to forgive, we have far more to lose than the offender because whatever we cannot forgive, we are doomed to live out. The inability to forgive a frailty in another person indicates that we have the same negative condition existing in us (Benson, 1992).

Forgiveness can be the key to an optimistic and hopeful future for it holds the key to freedom and a new beginning. Forgiveness is an attitude of lavishness and utter openness. In this context, forgiveness of sin is the act whereby one is not bound by the broken-ness of our life together in the world. A forgiving person is not bound by the quite understandable logic of an eye for an eye, a tooth for a tooth, a death for a death . . . forgiveness is a focus on the present that frees from the past and opens up the future." (Hope, 1987, p. 75)

From the injured party's point of view, "forgiveness will have the effect of preventing the wrong from continuing to damage one's self-esteem and one's psyche, so bringing to an end the distortion and corruption of one's relations with others" (North, 1998, p. 18).

A paradox exists in that when one gives up certain things by forgiving, the forger gains. Psychotherapists Fitzgibbons (1986) and Hope (1987) discuss the major gain of enhanced mental health as a forger overcomes deep, debilitating anger. In forgiveness our sense of well being is enhanced when we realize that anger will not consume the self. Fitzgibbons (1986) and Hope (1987) observed that clients who forgive often benefit from a concomitant decrease in anger, depression, anxiety, and related symptoms. Brandsma (1982) noted that when a client remains bitter toward a perceived offender the anger can escalate, causing additional psychological difficulties, whereas forgiveness can reverse the trend (Hebl & Enright, 1993).

The correlation between the forgiveness scales and scales on the Minnesota Multiphase Personality Inventory indicate that having problems in forgiving others or oneself is closely associated with having higher degrees of psychopathology. Two hundred and thirty seven outpatient counseling clients took MMPI and the Behavior Assessment System. It found that deficits in forgiveness of others and forgiveness of self are related to increased amounts of psychopathology such as depression, anxiety, and schizophrenia (Mauger et al., 1992).

Walters (1984) asserts that there are illusory benefits in not forgiving, such as "the neurotic satisfaction of self-pity, the appeal of vengeance, the temporary relief of taking the easy way out, the hope for and sometimes the actuality of sympathy from others" (p. 126). Thus, the forgiver discovers the paradox of forgiveness: as we give to others the gift of forgiveness we ourselves are healed. Freedman and Enright (1996) demonstrated gains in forgiveness, self-esteem, and hope in a long-term educational intervention with female incest survivors.

Romig and Veenstra (1998) measured the relationship between forgiveness and psychosocial development. Studying a population of 113 upper division students in first year teacher education found that resolution of relationship matters associate with trust, intimacy, and generativity psychosocial task correlated with positive aspects of forgiveness.

Hostility, Anger, and Physical Health

"Hostility is more or less an enduring pattern of suspiciousness, resentment, frequent anger, and cynical mistrust of others" (Koenig, McCullough, & Larson, 2001, p. 205). Substantial research on hostility and physical health was pioneered by Redford Williams and his colleagues at Duke University (Williams et al., 1980; Barefoot, et al.,

1983; Williams, 1989) as they explored the characteristics of Type A behavior. The concept of Type A behavior marked by time pressured, high levels of competitiveness and ambition, prone to hostility and anger, was studied extensively beginning in the 1960s and has since has become very well known to the general public. Gradually, however, the emphasis has focused on the singular concept, hostility, since the results have repeatedly shown that it is the hostile element of the Type A pattern that was the "toxic" component related to coronary heart disease (e.g., Friedman & Booth-Kewley 1987; Dembroski & Costa, 1987; Williams & Williams, 1993). Twice as many Type A men developed heart disease in an eight and a half year time frame as those without these features (labeled Type Bs) (See Rosenman et al., 1975; Friedman & Rosenman, 1974). In a study of 424 patients undergoing angiography, the fifty Hostility scale questions from the MMPI were closely scrutinized. Those with higher hostility scores had more severe arteriosclerosis and the hostility scores were associated with arteriosclerosis even more strongly than those of the Type A scores. In a study of 118 law students, those lawyers whose hostility scores had been in the highest quarter of their class 25 years earlier, showed that by age 50 nearly 20% were now deceased; in contrast to the only 4% of those with hostility scores in the lowest quarter had died (Barefoot et al., 1989).

Although not entirely consistent, there is valuable longitudinal evidence pointing to a relationship between hostility and coronary heart disease (CHD). People high in hostility experience two to four times the risk of CHD compared to those who score low on this trait (Barefoot et. al., 1983; Chesney, Hecker, & Black, 1988).

In a recent meta-analysis of 45 prospective studies, Miller, Smith, Turner, Guijarro, & Hallet (1996) found that measures of hostility, including the widely used Cook-Medley Hostility [Ho] scale (Cook & Medley, 1954), were independent predictors

of all-cause mortality, even after controlling for potential covariates and confounding variables. Barefoot, Larsen, Von der Lieth, and Schroll (1995) found a multiple adjusted risk of 1.56 on acute myocardial infarction for an increase in hostility score of two standard deviations. In a recent review on the role of hostility in cardiovascular disease, Miller and colleagues (1996) found that hostility was independently associated with objective evidence of CHD, such as a confirmed myocardial infarction. Some evidence is now emerging on the possible effects that hostility might have on the cardiovascular system. Hostility was found to be associated with angiographic coronary stenosis (Williams et al., 1980; Barefoot et al., 1994) and silent ventricular dysfunction (Burg et al., 1993).

Not only heart disease but hostility has also been linked to other life threatening illnesses and mortality (Chesney & Rosenman, 1985; Friedman, 1992; Johnson, 1990; Matthews et al., 1986; Smith, 1992). In a prospective study, Schekelle et al. (1983) found hostility scores to predict mortality from other illnesses as well as CHD. Similarly, Barefoot et al. (1983; 1989) found that hostility predicted all-cause mortality over 25- and 28-year follow-up periods.

Another pertinent find from the research on Type A behavior was that, through examining the biological mechanisms of hostility, it indicates that hostility can magnify the impact of blood cholesterol thereby making a high cholesterol level far more dangerous for a hostile person. Among middle-aged men with high hostility scores, those with higher blood cholesterol levels secrete more adrenaline while performing mental tasks than did those with lower blood cholesterol levels. In contrast, among men with low hostility scores there was an inverse association between blood cholesterol levels and adrenaline responses to the task as cholesterol levels rose, the adrenaline responses

diminished (Suarez, Williams, Kuhn, Zimmerman, & Schanberg, 1991). It appears that hostile men with high cholesterol are more likely to have larger adrenaline response hostility stress—a combination that increases the likelihood of arteriosclerotic plaque buildup in their coronary arteries. In contrast, the smaller adrenaline responses in nonhostile men with high cholesterol can be expected to attenuate the effect of their high cholesterol to cause arteriosclerotic plaque buildup (Williams & Williams, 1993, p. 73).

Furthermore, hostile persons possess at least two other potentially dangerous biologic characteristics that may be damaging to health: a weak parasympathetic nervous system and weak immune system. Our sympathetic nervous system (SNS) is the source of the adrenaline and noradrenaline released during the more frequent fight-or-flight responses experienced by hostile person.. It is the parasympathetic nervous system (PNS) that calms the individual. When activated, PNS nerves release the chemical compound acetylcholine into whatever tissue they supply. Once it makes its way inside a cell, acetylcholine has the function of stopping the effects of adrenaline, such as the more rapid, ceaseless, and forceful beating of heart-muscle cells. Because most organs involved in the fight-or-flight response (e.g., the heart and the arteries) receive input from both the SNS and PNS, it is possible for PNS activation to perform as a “brake” on the fight-or-flight physical changes caused by SNS activation (Williams & Williams, 1993). To increase their chances of harm, highly hostile people also tend to engage in more risky behaviors, including smoking and greater consumption of food and alcohol, all of which exacerbate the risk for disease. They unfortunately tend to experience less social support, which puts them even at greater risk for both mental and physical problems (Williams & Williams, 1993).

In a series of studies at the Tohoku Medical School in Senai, Japan, men with characteristics of the Type A personality, particularly those with high hostility scores, displayed weaker PNS responses than low Ho-scoring Type B men (Muranaka et al., 1988). Since a brisk PNS serves as a counter effect to the stress produced by the SNS in making the heart work harder, thereby slowing down the development of coronary disease, a weaker PNS would be another way the nervous system of hostile persons might place them at an increased risk of developing heart disease.

Although hostility involves angry feelings, this concept has deeper connotations of a complex set of attitudes that trigger aggressive behaviors directed toward destroying objects or harming people. Historically, it is the Minnesota Multiphasic Personality Inventory (MMPI) based Cook-Medley Hostility scale that has been used by most investigators. However, recently there is an increased trend toward identifying more specific personality factors involved in the relation between hostility and health outcomes. Barefoot et al. (1989) found that 27 Cook-Medley items reflecting the constructs of cynicism, hostile affect, and aggressive responding was an improved predictor of mortality than the full hostility scale in a sample of former law school students who completed the full scale in the late 1950s.

Dr. Shapiro and his colleagues (Shapiro, Jamner, Goldstein, & Huy, 1991) at UCLA examined stress in ambulance workers. Workers with high hostility scores showed larger blood pressure increases during angry interchanges with emergency room personnel than did those with low hostility scores. Studying the biological mechanisms of hostility, Williams, Larson, Buckler, Heckmann, and Pyle (1991) found that hostility can magnify the impact of another risk factor, blood cholesterol. Among middle-aged men with high hostility scores, those with raised blood cholesterol levels secreted more adrenaline while

performing mental tasks than did those with lower blood cholesterol levels. In contrast, among men with low hostility scores there was an inverse association between blood cholesterol levels and adrenaline responses to the task; as cholesterol levels rose, the adrenaline responses diminished. Hostile men with high cholesterol are more likely to have larger adrenaline responses to stress, a lethal combination that compounds the likelihood of arteriosclerotic plaque buildup in their coronary arteries (Williams et al., 1991)

A known major independent risk factor for CAD is psychological stress. Throughout human history, it is the human heart which holds the lofty symbol of the being the center of human emotions. In recent research, emotions associated with psychological stress, particularly anger and hostility, have been associated with increase risk of MI (myocardial infarction) (Diamond, 1982). Wenneberg et al., (1997) conducted an experiment in which their subjects performed six minutes of mental arithmetic tests under time pressure. In that brief time span, there was a positive correlation between collagen-induced platelet aggregation and outwardly expressed anger. This finding leads us to suspect that physiological mechanism by which anger initiates may precipitate a coronary event.

In summary, it appears that the hostile person's nervous system is "wired" differently from the nonhostile individual. In the hostile person the smallest provocation sets off the SNS, whereas for the nonhostile individual even a potent stimuli will cause comparatively slight SNS response. Even when the nonhostile person has a strong SNS response, it quickly subsides due to their strong PNS in key body tissues. The sum effect of this strong SNS and weak PNS in hostile persons-increased cardiovascular activation, increased mobilization of cholesterol into the blood increased clumping of platelets and a

decreased in the immune system functions are capable of igniting pathological processes that explain the higher death rates noted in hostile persons (Williams & Williams, 1993).

Psychological stress may further increase the risk of heart disease through its negative effects on the immune system. An impaired immune system, in turn, is crippled and less able to prevent or contain infections by origins like cytomegalovirus or *C. pneumoniae*, which have been implicated in the etiology of coronary atherosclerosis (Zhou et al., 1996; Hooper, 1999).

The Role of Anger

Anger is generally considered to be a simpler concept than hostility or aggression. The concept of anger usually refers to an "emotional state that consists of feelings that vary in intensity, from mild irritation or annoyance to fury and rage" (Spielberger, 1983, p. 11). Spielberger and colleagues have provided a coherent theoretical framework for distinctions between state and trait anger, and between suppressed and expressed anger (Spielberger et al., 1985; Spielberger, 1999).

A sizeable body of evidence has been accumulated on the relationship between anger expression and hypertension. Both suppressed (Diamond, 1982; Harburg et al., 1973, 1979; Julius & Johnson, 1985; Thomas, 1997) and expressed anger (Engelbreton, Matthews, & Scheier, 1989; Gentry, 1985; Gentry, Chesney, Gary, Hall, & Harburg, 1982; Schalling, 1985; Spielberger et al., 1985) have been found to be significantly related to elevated blood pressure and hypertension.

The literature on CHD highlights the importance of both suppressed anger (Dembroski, MacDougall, Williams, Haney, & Blumenthal, 1985; Haynes, Feinleib, & Kannel, 1980) and expressed anger (Cleveland & Johnson, 1962; Hammersten, Cathey, Redmond, & Wolf, 1957; Hecker, Chesney, Black & Frautchi, 1988). In a longitudinal

study on the Farmington sample, Haynes et al. (1980) found that anger was related to CHD incidence. Biomedical scholars suggest that chronic anger contributes to the development and progression of disease (Friedman & Booth-Kewey, 1987). Also, the association was independent of the association of Type A and CHD incidence. Similarly, Matthews et al. (1977) in a study on the Western Collaborative Group found expressed anger to be associated with higher incidence of CHD. Finally, Kawachi, Sparrow, Spiro, Vokonas, & Weiss (1996) report a relative risk of 2.66 for the effect of anger on coronary heart disease. In studies utilizing advanced technology, it has been possible to elucidate some of the specific effects that anger might have on the cardiovascular system. For example, anger has been shown to correlate with platelet aggregation (Wenneberg et al., 1997); and it has also been shown to correlate with a decrease in diameter in narrowed arteries (Boltwood, Taylor, Burke, Grogen, & Giacomini, 1993).

Anger, hostility, and other related emotions are not only harmful to the cardiovascular system but have adverse immunological and hormonal effects (Gerritsen, Heijnen, Wiegant, Bermond, & Frijda, 1996) and have been connected to poor health outcomes (Carney, Rich, Freedland, Saine, TeVelde, & Simeone & Clark, 1998; Frasure-Smith, Lesperance, & Talajic, 1993 1995; Ladwig, Roll, Breithardt, Budde, & Borggreffe, 1994; Vandervort, Luis & Hamilton, 1997). Hypertension, the "sustained or chronic elevation in blood pressure" (Koenig, McCullough, & Larson, 2001, p. 250), is known as a major risk factor for coronary artery disease and the incidence increases with age. It may also contribute to a host of other illnesses: stroke, congestive heart failure, diabetes, and renal dysfunction. Though there are many factors such as genetics, cigarette smoking, and heavy alcohol use, it is recognized that negative emotions can have a damaging effect on an individual's blood pressure. The psychological and social stress increases

catecholamines and cortisol, which are held to be a major component in poor quality health outcomes (Schnall, Landsbergis, & Peiper, 1992; Cesana, Ferario, & Segal, 1996; Jonas, Franks, & Ingram, 1997; Landsbergis, Schnall, & Warren, 1994). Other earlier studies have linked high blood pressure with psychosocial factors such as anxiety, repressed hostility, and psychological stress (Brody, 1980; Jacob, Kramer, & Agras, 1977; Linden & Feuerstein, 1981; Taylor & Fortman, 1983; Weiner, 1979).

Physiological stress can possibly activate the autonomic nervous system, affecting adversely gastronomic function and leading to peptic ulcer disease, irritable bowel disease, and possibly even pancreatic dysfunction and diabetes (Engel, 1955; Cobb & Rose, 1973; Hagglof et al., 1991; Koenig, McCullough & Larson, 2001; Lehman, Rodin, McEwen, & Brinton, 1991). Heatherton and Renin (1995) observed that emotional stress when left untreated can increase the likelihood that a person will reengage in anxiety-reducing behaviors—cigarette smoking, alcohol abuse, or unhealthy eating disorders. This phenomenon is so common it has been labeled “the stress disinhibition effect” (Marlatt, 1985). Not all unforgiving behavioral patterns necessarily reach such levels, but it does for some and it remains a distinct possibility for others.

By isolating the anger factor, it has been shown how it correlates to other common health problems. Arena and associates (1997) noticed that tension headache sufferers had significantly more suppressed anger compared to nonpain controls. Johnson and Broman (1987) found that higher levels of outwardly expressed anger was associated with a greater number of health problems (e.g., ulcers, cancer, hypertension, and diabetes) in a national sample of Black adults. Similarly, Vandervoort, Ragland, and Syme (1996) noted that suppressed and expressed anger related to health problems ranging from gastrointestinal to musculoskeletal health complaints.

The psychoneuroimmunology literature base supports the view that anger is related to health outcomes. There is considerable evidence that anger and hostility are related to neuroendocrine changes such as stress related hormones (Keltikangas-Javinen, Raskonen, Hantanen, & Adlercreutz, 1996; Mills, Schneider, & Dimsdale, 1988). Further, there is evidence that anger is related to impaired immune system functioning (Esterling, Antoni, Kumar, & Schneider, 1990; Kiecolt-Glaser et al., 1993; Mills & Dimsdale, 1993; Pennebaker, Kiecolt-Glaser, & Glaser, 1988), which can increase the vulnerability to an array of diseases. As with hostility literature, there remains some inconsistent findings (e.g., Russek, King, Russek, & Russek, 1990 failed to find an association between suppressed and expressed anger and CHD in a 35-year follow-up of a college population), but overall, the data provide considerable evidence that anger and its expression play a role in disease.

Theoretical Claims On the Physical Health Enhancing Potential of Forgiveness

The essential goal in the forgiveness process is the reduction and/or overcoming negative, harmful emotions. This clearly has been the most common explanation for the benefit of forgiving (Elias & Ketcham, 1995; Fox & Fox, 1988; Powell, 1997; Sinatra, 1996; Sobel & Ornstein, 1996). Forgiveness is a valuable mind-body concept that needs to be incorporated in western medicine (Pert, 1997). An increasing number of theorists has proposed that the ways people respond to interpersonal offenses can significantly affect their health (McCullough, Sandage, & Worthington, 1997). Unforgiving responses (rehearsing the hurt, harboring a grudge, allowing resentment to fester) are considered health eroding, whereas forgiveness responses (empathy, benevolence, letting go of hurt) are thought to be health enhancing (Thoresen et. al., 1999; Williams & Williams, 1993; Witvliet, Ludwig, & Vander Lamm, 2001).

Several published studies have found a positive relationship between forgiveness and mental health variables. One study (Mauger et. al., 1992), undertaken for the development of Forgiveness Scale, Forgiveness of Others, and Forgiveness of Self Scale, measured distinct dispositional constructs rather than people's responses to isolated harmful events. Low forgiveness scores on both scales were correlated with indicators of psychopathology on the Minnesota Multiphasic Personality Inventory. Low scores on the Forgiveness of Self had stronger links to depression, anxiety, and low self-esteem.

McCullough, Bellah, Kilpatrick, and Johnson (2001) conducted an eight-wide longitudinal study of the constructs, forgiveness, vengefulness, revenge, avoidance, rumination, suppression, and satisfaction with life in student volunteers whose reported mental health measures were collected to establish a pretest baseline of forgiveness, anger, anxiety, and prenatal grief. These measures of forgiveness and mental health were also administered at the end of the 12-week intervention. Those receiving the forgiveness intervention reported significant increases in forgiveness and a significant decrease in grief, anger, and anxiety after treatment.

Freedman and Enright (1996) applied a forgiveness intervention to survivors of incest. Twelve adult women in this study had survived incest that included physical contact by a male relative 2 or more years before. The length of therapy varied as condition therapy was terminated once forgiveness was granted. Compared to pretreatment scores, treated women showed increased measures of forgiveness and hope, and greater decreases on measures of anxiety and depression.

Connections between emotions, personality, and physical health is nothing new as it has been written about for 2,000 years (Allport, 1961). Scientific evidence for the connection between emotions and physical health has been increasing rapidly over the

past few decades (Friedman, 1990, 1992; Krantz, Baum, & Singer, 1983; Matthews et al., 1986; Stone Cohen, & Adler, 1979; Taylor & Singer, 1983). Increasingly, there is more evidence between the connection of physical illness and its relation to psychological disturbance resulting from depression and/or anxiety. It is estimated that half of the organic illnesses for which individuals seek treatment at medical settings have psychological factors in their etiology (Kaplan, 1980).

Only now is the health field seriously examining the relationship between forgiveness and physical health. Research associates the unforgiving responses of blame, anger, and hostility with impaired health (Affleck, Tennen, Croog, & Levine, 1987; Tennen & Affleck, 1990), particularly coronary heart disease and premature death (Miller et al., 1996). As previously stated, hostility is a primary factor in poor health outcomes. Reduction of hostility through forgiveness measures may lead to reductions in coronary problems (Friedman, 1966; Kaplan, 1992).

Kaplan (1992), who assisted as a consultant in Friedman's Recurrent Coronary Prevention Project (RCPP) an intervention successful in reducing morbidity and mortality in post-infarction patients (Friedman et al., 1986), found a powerful asset for the improvement of health: the power of forgiveness. In the therapeutic sessions and debriefings at the study's conclusion, "learning to be more forgiving" and "cultivating a forgiving heart" were repeated themes in the commentaries from the participants in the study.

Health is a unitary concept defined by the World Health Organization (1980) as "the presence of physical, mental and social well being" (p 36). Physical, mental, and social health are interconnected. People tend to have consistent positions on all three scales—physical, mental, and social and their way of living (i.e., social and demographic

characteristics; personal habits; familial, cultural, and environmental factors)—and they would affect and be affected by physical, mental, and social health (Belloc, Breslow & Hochstim, 1971). Health involves the total person—mind, body, soul, and spirit. They are all interrelated and each one affects the other. Weil (1997), in his 8-week program of optimal health, explains that even if one's singular goal is to avoid a heart attack, one must still take into account the "whole picture." It is not sufficient to cut your saturated fat consumption. Lowering cholesterol level is laudatory but not enough. It is not enough to increase exercise and to decrease that toxic agent—stress. These are all commendable, but to optimize the function of the body's natural healing system, one must improve one's spiritual health through forgiveness. He suggests that the act of forgiving heals the forgiver and, along with other components of the body, the coronary arteries might be the recipients of the healing synergies that are released (Weil, 1997).

Exploring possible relationships among forgiveness, disease, and physical health is truly the frontier of forgiveness research. Little by little, data is pointing to the positive connection between forgiveness and physical health. Forgiveness is considered an essential component in maintaining good physical health (Casarjian, 1992; Domar & Dreher, 1996). There is some data that suggests a secular approach to increasing forgiveness improves some mental health measures, such as depression and anger (Luskin & Thoresen, 1998; Worthington, Sandage, & Berry, 2000). Though no controlled studies have yet reported improved physical health in persons with major diseases, forgiveness has been part of several successful multifaceted intervention trials for patients with serious health problems, such as cancer and heart disease. The specific effects of forgiveness in these studies have not yet been assessed (Friedman et al., 1986; Ornish, Brown, Scherwitz, & Billings, 1990; Spiegel, Bloom, Kraemer, & Gottheil, 1989). Forgiveness

has been discussed for a variety of clinical problems including depression, sociopathology, hysteria (Fitzgibbons, 1986), borderline problems (Wolberg, 1973), terminal illness, and grieving (Achterberg, Matthews, & Simonton, 1976; Levine, 1985; Phillips & Osborne, 1989).

Cortis (1995), a veteran cardiologist with 30-years experience, compares his patients who fail to forgive an interpersonal hurt to a person carrying a heavy object such as a chair. Step-by-step, the burden becomes heavier. To liberate oneself from this burden, one needs to give up the grudge. Dr. Cortis encourages his patients to forgive so they can free themselves from this oppression of resentment and hostility. Dr. Levin (1996) is so convinced in the healing power of forgiveness that he believes it is the final and most important step the cardiac patient must make in the healing process. Phillips and Osborne (1989) endorse forgiveness even for cancer patients, with the conviction that it is able to release that toxic element.

How Forgiveness Might Influence Health

Overcoming negative emotions is the most common explanation offered for the potentially enhancing properties of forgiveness (Elias & Ketcham, 1995; Fox & Fox 1988; Powell, 1997; Sinatra, 1996; Sobel & Ornstein, 1996). There has been considerable evidence over the past 50 years of the adverse effect of negative emotions to one's health (Chesney & Rosenman, 1985; Friedman, 1990, 1992; Matthews et al., 1986; Stone, Cohen, & Adler, 1979; Taylor & Singer, 1983; Vandervoort, 1995). Forgiveness entails letting go of the negative feelings and replacing them with a more merciful, empathetic feeling and an offering of goodwill to the offender (Luskin & Thoresen, 1998). This action may release the wounded person from hurt and the desire for revenge, yielding both emotional and physical benefits including reduced stress, less negative emotion, fewer

cardiovascular problems, and improved immune system performance (McCullough et al., 1997; Worthington, 1998). Whereas unforgiving responses (rehearsing the hurt, harboring a grudge) are considered health eroding, forgiving responses are thought to be health enhancing (Thoresen et al., 1999; Williams & Williams, 1993).

Negative emotions have an effect on our physical health. A study investigated the relationship between emotions and immune responses in the experimental setting of social fear of speaking in public (Gerritsen, Heijnen, Wiegant, Bermond, & Frijda, 1996). Those subjected to the fear-inducing social situation reported enhanced cardiovascular activity, elevated plasma hormone levels, and changes in immunological parameters (natural killer cell number and helper/inducer cells), indicating a relationship between emotion and immune responses. In this case, the negative emotions of resentment and bitterness can persist over long periods of years and in some cases, an entire lifetime (Enright, et al., 1991). Fox and Fox (1988) have postulated that when one does not forgive, the human body manufactures compounds like the adrenocorticotrophic hormone and cortisone in response to enduring negative emotions. As these chemical compounds build up in the blood stream, a person becomes vulnerable to disease. Further Taub (1994) has also claimed that perpetual negative emotions in the context of serious interpersonal hurts can contribute to anything from clogged arteries to ulcers and heart problems and impede healing or recovery from disease. It is by forgiveness that one can transcend resentment, bitterness, and anger and may improve damaged relationships. Forgiveness stops the outpouring or the holding on to the negative feelings and allows for a renewed attitude (Hope, 1987). Forgiveness is the willful act to give up the resentment and allow the body to stop pouring damaging chemicals into the blood stream, which then allows the healing process to begin (Fox & Fox, 1988).

Affleck, Tennen, Croog, and Levine (1987) demonstrated that cardiac patients who blamed their initial heart attack on other people were more likely to have infarctions even when several other biological and psychosocial variables were controlled. Tennen and Affleck (1990) reviewed 25 published studies reporting the health impact on blaming others for their painful events. Blaming others for one's misfortune (e.g., heart attacks, inability to conceive) was associated with impairments in emotional well-being and physical health. In multivariate analyses, anger and hostility over many years have both been predictive of all-cause mortality in several but not all studies (Miller et al., 1996).

Recent research has shown significant negative relations between forgiveness and anxiety, and forgiveness and anger. Subkoviak et al. (1995) found that when deeply hurt by others, forgivers who may have experienced a wide array of different interpersonal injuries are less anxious than those who choose not to forgive. Sarinopoulos (1996) reported a significant negative correlation between forgiveness and anger in the range for both college students and middle-aged adults. Huang (1990) found lower anger and blood pressure in a Taiwanese sample of people who practiced forgiveness as an expression of love compared to those who did not.

In a series of studies, McCraty, Atkinson, Tiller, Rein, and Watkins (1995) demonstrated that, by increasing positive emotional states, improved immune competence and reduced heart rate, blood pressure, and respiratory variability occurred. Strong positive emotionality led to greater synchronization of immunological and cardiovascular functioning. Forgiveness may be an important factor that fosters such synchronization through reducing negative emotionality and fostering positive cognitive processes associated with more compassion and understanding of others.

Another line of research suggests that granting or withholding forgiveness may influence cardiovascular health through changes in the allostasis and allostatic load. Allostasis involves changes in the multiple physiological systems that allow people to survive the demands of both internal and external stressors (McEwen, 1998). Although allostasis is necessary for survival, extended physiological stress responses triggered by psychosocial factors such as anxiety and hostility can result in allostatic overload, eventually leading to a physical breakdown. Interpersonal transgressions and people's negative reactions to them may contribute to allostatic load and health risk through sympathetic nervous system (SNS), endocrine, and immune system changes (e.g., Kiecolt-Glaser, 1999). In contrast, the gift of forgiveness may buffer health by reducing physiological reactivity, reducing stress contributing to a significant decrease in the allostatic load (Thoresen et al., 1999).

In recent studies conducted by the Stanford University Project for Forgiveness findings suggest the salutary effects of forgiveness. In one study 55 students were recruited to investigate a brief psychosocial treatment for engendering forgiveness as a response to an interpersonal hurt. The primary goal was to significantly reduce the anger level for the treatment group participants as measured by the State-Trait Anger Inventory Trait-Anger Scale. The findings revealed that the treatment group achieved a significant reduction in trait anger at posttest and again at follow-up compared to the change in the control group. The treatment group achieved a 15% reduction in angry reaction from pretest to posttest that remained stable at follow-up.

Significant differences were found for State Anger, or short term anger, between the two groups over all measurement periods and in follow-up evaluations at posttest. The

treatment group showed a 20% reduction in State Anger from the pretest to both the posttest and follow-up.

Another study conducted by the Stanford Forgiveness Project analyzing the effects of group forgiveness intervention on perceived stress, anger, and health reinforced the salutary effects of forgiveness. Among the 259 adults who received the intervention, results were promising: State and Trait anger showed significant decreases for treatment group participants ($p = .011$ and $.010$). Positive results were seen in Trait Anger (long-term) with a posttest ES of 0.48 and State Anger (short-term) with ES of 0.40. The treatment group increased their levels of optimism significantly more than the control group with a posttest ES of 0.27.

As previously stated, the destructive, toxic characteristic of Type A personality is hostility. Forgiveness and hostility have an inverse relationship: as one increases, the other decreases. If people cultivate genuine forgiving responses to their offenders, then their hostility toward them is reduced. If hostility is physically dangerous, particularly to the heart, then the reduction of hostility ought to reduce coronary problems. Friedman et al., (1986) examined the hypothesis in the Recurrent Coronary Prevention Project, a controlled clinical trial. They uncovered that, for the Type A participants who were at risk for recurring heart attacks, those randomly assigned to a behavioral modification program in contrast to standard treatment from a cardiologist showed a greater reduction in hostile behavior and a reduction in heart problems. Kaplan (1992), a prime consultant for this research, was keenly interested in the neglected construct of Type B personality, which emphasizes a letting-go anger, resentment, and undo stress and an openness to offer forgiveness. Kaplan noticed that the behavioral intervention, which was effective for treating Type A personalities, emphasized the development of these Type B features.

Impressively, when these individuals were assessed after treatment, they often commented on the importance of learning "how to cultivate the forgiving heart" (p. 6). These patients seemed to effectively reduce their hostility by "learning to be more forgiving" (p. 8). There is a strong indication that being forgiving may promote coronary health, reducing the negative coronary effects of anger and hostility.

Another published study of forgiveness Huang & Enright (2000) included physiological and behavioral measures. The researchers assessed participants' motivation for forgiving and compared the anger-related expressions of people who forgave because of obligation to the expressions of people who forgave because of unconditional love. They found that during the description of a painful, past experience participants who forgave under obligation expressed more anger-related responses, such as masking smiles and downcast eyes. They also found that in the first minute of describing this interpersonal hurt (vs. describing a typical day), individuals who had forgiven because of obligation showed greater blood pressure increases compared with those who had forgiven because of unconditional love. These data suggest that forgiveness isn't merely an overt behavior but a quality of the heart and the intention strongly influences physiological responses.

Possible Physiological Mechanisms

Scheidt's (1998) perspective on psychosocial factors and coronary heart disease may shed light on how the forgiveness process influences physical health. Scheidt offered over 12 possible physiological and psychosocial mechanisms. Prominent among these was the effects of the chronic sympathetic nervous system (SNS) whose hyper arousal when under constant stress influences the endocrine production (e.g., norepinephrine). By decreasing chronic SNS arousal, the demands upon the cardiovascular system are reduced

(e.g., lowered blood pressure, endogenous production of low density lipoproteins, heart rate variability, atherosclerosis).

Jiang et al. (1996) demonstrated that patients with elevated levels of silent ischemia (short-term contractions of coronary arteries) during stressful tasks associated with SNS arousal were nearly three times as likely to suffer a major coronary event over 5 years than those with less reaction to emotional stress. Significantly, these results could not be explained by several physiological variables. In addition, immune competence, e.g., increased natural killer and t-cells, can be enhanced when SNS arousal is diminished. Anderson, Aimgren, and Persson (1998) recently found that in women with breast cancer psychological stress reduces NK cell and CD4 activity as well as lowering immune response to *eytkine* proteins. Controlling several biological and demographic factors, it was psychosocial stress that still mediated diminished immune competence over several months (Pennebaker, Kiecolt-Glaser, 1988; Petrie, Booth, & Pennebaker, 1998).

One of the most promising explanations underscores the importance of allostasis, the ability of several physiological systems to achieve and maintain stability when trying to adapt to stress (McEwen & Stellar, 1993). Initiated by allostasis, the autonomic nervous system, the hypothalamic-pituitary-adrenal (HPA) axis, and the cardiovascular, metabolic, and immune systems all make the required changes to adapt and stabilize when challenged by either internal and external stress (perceived demands). Major life events, trauma, severe neglect, tragedy, and abuse, for example, represent stressful experiences which may have transpired at home, at work, or in the neighborhood. Both chronic and acute stress present challenges that alert the physiological systems to adapt. These changes require different physiological response patterns. "Allostatic load" refers to the long-term physiological price of chronic over- or under-activity of allostatic systems (McEwen,

1998). Normally, a stressor produces an arousal but then recovers as in blood pressure or heart rate variability. However, high *allostatic* load can result in maladaptive changes such as an extended and heightened length of arousal, with meager or no recovery or even failure to adapt. Excessive and prolonged activation of the SNS and HPA pathways can disturb brain functioning (hippocampeal cell damage) that accelerates aging. McEwen (1998) describes several diseases that might originate from inadequate or inappropriate physical changes. The concept of *allostasis*, adaptive physiological changes to stressful experiences over time, indicates that forgiveness experience might improve health by reducing excessive physiological burden that originates from unresolved stressful experiences such as the pain and offense attributed to others (McEwen, 1998).

Possibly the increased frequency of forgiving others and seeking for and accepting forgiveness might function to reduce the chronicity of distress (e.g., anger, blame, and vengeful thoughts and feelings) that has prospectively been shown to change brain, coronary, and immune functioning. These reductions could encourage diminished SNS arousal in frequency, magnitude, and duration; which over time results in less physical disease risk (Thoresen, Harris, & Luskin, 2000).

Psychosocial mechanisms may play a vital role in determining how forgiveness might affect physical status. Forgiveness may trigger reductions in anxiety, depression, and anger. Coyle and Enright (1997) employed a randomized experimental and control group design to investigate the role and outcome of an educational program with postabortion men. The experimental groups relative to control group improved in forgiveness and at the same time decreased significantly in anger. Al-Mabuk, Enright, and Cardis (1995) showed that anxiety can be reduced by utilizing an educational intervention designed at promoting forgiveness. Through their work with female incest survivors,

Freedman and Enright (1996) found reduced anxiety and depression in those who underwent a forgiveness intervention program.

The psychosocial mechanisms that are triggered by the act of forgiveness might possibly function in the following ways (Thoresen, Harris, & Luskin, 2000):

1. Forgiveness may instill a more perceived security and/or greater positive self-evaluative and optimistic thoughts that defend the "host response" from taking offense. Such action might reduce the probability of fear, resentment, anxiety, anger, ill will, hostility, depression and /or hopelessness, all of which have been shown in varying degrees to increase physical disease risk (Everson, Goldberg, Kaplan, Julkunen, & Salonen, 1998; Everson, Kauhanen & Kaplan, 1997; Segerstrom, Taylor, Kemeny, & Fahy, 1998;).
2. Forgiveness may instill a strongly perceived competence or self-efficacy to undertake the necessary steps to ward off disease enhancing or pathogenic "agents" (e.g., take action to alter chronic hostile feelings, pessimistic beliefs, and global attributions), which, may increase positive stimulus-outcome expectations.
3. Forgiveness may channel one towards higher levels of perceived social and emotional support, especially from significant others, family and close friendships. This includes the experience of a greater sense of being connected to others, quite often from being of service to others. Feeling more connected to others may promote physical health (House, Landis, & Umberson, 1988; Oman, Thorensen, & McMahon, 1999).
4. Forgiveness may promote a greater sense of a transcendence, spiritual union with God, a Higher Power or an Infinite/Universal Energy, especially among those spiritually or religiously oriented persons (Albom, 1997; Richards & Berger, 1997; Walsh & Vaughn, 1993).

Noted in the health literature, there stands the hypothesis that some of the health benefits of forgiveness are owed to the emergence of positive feelings. This is consistent with forgiveness theory, which maintains that overcoming negative emotions and replacing them with positive emotions is one of the most central aspects of forgiveness (Enright & HDSG, 1991a). As negative emotions are diminished through the forgiveness process, allowing love and compassion to emerge, this lays the groundwork for physical well-being to flourish (Shapiro, 1996). Furthermore, prospective studies indicate that

sustained positive emotional states may positively impact physical health outcomes. When people forgive, their responses toward people—what they think of, feel about, desire to do to, or how they actually behave towards people who have hurt or slighted them—become more positive and less negative (McCullough, Pargament, & Thoresen, 2000). A sense of joy and eagerness and enthusiasm for life was found to be the most convincing predictor of survival in a group of women cardiovascular patients (Levy, Lee, Bagley, & Lippman, 1988). In a study of 119 men and 40 women undergoing coronary angioplasty, strikingly it was the degree of reported love and support received that coincided to the degree of blockages in the coronary arteries (Seeman & Syme, 1987). Further, nearly 10,000 men participants who received high levels of expressed love and support from their spouses displayed significantly less angina (Medalie, Strange, Zyzanoki, & Goldbourt, 1972).

The relationship between forgiveness and positive emotions still needs empirical investigation; correlational data offers hopeful signs by showing significant positive relations between forgiveness and a sense of well being (Ashleman, 1996; Nousse, 1997). Forgiveness as a primary coping style for handling life's inevitable hurts, frustrations, and offenses often produces a calmer and more caring way of living (Kushner, 1996). By utilizing forgiveness skills, it can conceivably enhance health status not only through reduced sympathetic hyper-arousal and risky health behaviors but also through a more optimistic and positive outlook on life. Such a perspective has traditionally been promoted by various religiously inspired "wisdom traditions" as the key to living a life with greater purpose, direction, and health (e.g., Smith, Allred, Morrison, & Carlson, 1989).

A Theoretical Framework

To acquire an understanding of the relationship among forgiving and unforgiving responses in physiology, emotions, and in one's health, it may prove beneficial to view it from the established framework of bioinformational theory (Lang, 1979, 1995). Lang held that physiological responses are uniquely tied to an essential product of emotional experiences, memories, and imagined responses. Considerable amount of literature has supported this view, demonstrating that physiological responses reliably vary depending on the emotional experiences people ponder or imagine (e.g., Cook, Hawk, Davis, & Stevenson, 1991; Lang, 1979; Witvliet & Vrana, 1995, 2000). Primarily, two emotional dimensions greatly influence the physiological reactions, valence (negative-positive), and arousal (e.g., Lang, 1995; Witvliet & Vrana, 1995). One example is the valence of emotion that is so important for facial expressions through negative imagery, which stimulates greater muscle tension in the brow than would positive imagery (Witvliet & Vrana, 1995). With a heightened emotional arousal, cardiovascular measures, such as blood pressure (e.g., Yogo, Hama, Yogo, & Matsuyama, 1995) and heart rate display greater reactivity. Skin conductance, which is an index of SNS activity, appears more reactive (e.g., Witvliet & Vrana, 1995).

Interpersonal transgressions are emotionally laden experiences that quite often arouse negative and painful memories or engage emotional responses (e.g., grudges). Adhering to Lang's theory (1995), unforgiving memories and negative mental images may induce negative facial expressions and increased cardiovascular and sympathetic reactivity, much like the other negative and other stimulating emotions (e.g., fear, anger). Forgiving responses, in contrast, ought to reduce the negativity, frequency, and intensity of a victim's emotional response by transforming these physiological reactions into more

pleasant and relaxing imagery (Witvliet & Vrana, 1995). In terms of allostasis (McEwen, 1998), emotional states (e.g., unforgiving responses) that magnify and lengthen cardiovascular and sympathetic reactivity would increase allostatic load, whereas those that counteract these physiological reactions (e.g., a forgiveness response) would improve health.

Based on this framework, Dr. Witvliet (2001) professor of psychology at Hope College in Holland, Michigan, conducted a study recording individual's physical reaction to certain imagery processes. Dr. Witvliet placed electrodes on 72 college students. These volunteers were put through a four-stage mental imaging process. They were first asked to think about a hurt that had been done to them and then "actively rehearse" it for 16 seconds. At the sound of a tone, the individuals escalated their thoughts to "nursing a grudge" and making the offender feel horrible. Following the next cue, they would shift gears and "empathize with the offender." Finally, at the last stage, they imagined ways to "wish that person well." Throughout this two-hour session for each distinct stage, Dr. Witvliet measured their heart rate, blood pressure, sweat, and muscle tension.

The results were quite consistent with the bioinformational theory (Lang, 1979, 1995). The imagery of unforgiving and forgiving responses to a particular offender yielded differences in not only self-reported emotion but physiological responding. Participants felt significantly more negative arousal—angry and despondent and less in control—while in the unforgiving condition than during the forgiving condition. They displayed greater facial tension at the corrugator (brow) muscle region during unforgiving imagery. During the unforgiving imagery, participants experienced significantly greater SNS arousal and greater cardiovascular reactivity in terms of heart rate and blood pressure.

Lang (1979) posited that physiological effects during emotional imagery mirror naturally occurring effects but are less potent. In daily life we fortify the painful memories by rehearsing them in our minds, embellishing them, and accentuating them negatively by overt behaviors (slamming doors, shouting, throwing objects) thereby intensifying and extending blood pressure surges, heart rate elevations and SNS activation (Witvliet, 2001).

Chronic, unforgiving, bitter responses may contribute to poor health outcomes by perpetuating anger and increasing SNS arousal and cardiovascular reactivity. The expression and display of anger has been strongly associated with chronically elevated blood pressure (Schwenkmezger & Hank, 1996) and with the aggregation of platelets that may heighten the risk for heart disease (Wenneberg et al., 1997), particularly if expressions of anger are common and enduring (Thoresen et al., 1996).

Fox and Fox (1988) have hypothesized that when one refuses to forgive, the human body produces components like adrenocorticotrophic hormone and cortisone in response to perpetual and chronic negative emotions. As these chemical compounds build up in perpetual negative emotions, they exert their adverse outcomes by contributing to anything from clogged arteries to ulcers and cardiovascular problems and by retarding healing or recovery from disease.

Correlational data have shown significant negative relations between forgiveness and anxiety, and forgiveness and anger. Subkoviak et al. (1995) found that when deeply wounded by others, forgivers who experienced a wide variety of interpersonal injuries are less anxious than those who decide not to forgive. Sarinopoulos (1996) reported a significant negative correlation between forgiveness and anger in the range of .50 for both college students and middle-aged adults. Huang (1990) found lower anger and blood

pressure in a Taiwanese sample of people who practiced forgiveness as an expression of love compared to those who did not.

Forgiveness has had a long rich history, particularly in the religious and philosophical field. Entering the 21st century it may now be acknowledged in the psychotherapeutic and counseling professions as a means for healing not only for the soul but mind and body. For if forgiveness does promote sound physical health, that may be the impetus needed to place it as a viable option in the healing professions.

CHAPTER 3 METHODOLOGY

Overview

The purpose of this study was to examine the relationship between the attitude of forgiveness and an individual's physical health. Included was an examination of the relationship between health and hostility and anger expression. The cohort was senior citizens ($N = 203$; males = 58, females = 145). Correlational analyses and multiple regression were performed between the forgiveness, hostility, and health risk variables. Content analyses on the reports of the offense involved classifying responses on the basis of eight categories (Rique & Enright, 1998).

Data were gathered on forgiveness as estimated by the Enright Forgiveness Inventory (EFI) (Enright, Rique, & Coyle, 2000), hostility by the 27-Item Version of the Cook and Medley Hostility Scale (Barefoot, 1989), anger expression by State-Trait Anger Expression Inventory-2 (STAXI-2) (Spielberger, 1999), and self-report health condition through the Physical Health Status (Vandervoort, 2001). Health risk variables were also provided. A demographic component provided information on participants' age, gender, religion, occupation, and socioeconomic status.

This chapter describes the methodology employed in this study. Included are descriptions of the sample, sampling procedures, research design, instrumentation, and data analysis.

Definitions

"Anger is a strong feeling of displeasure and antagonism aroused by a sense of injury or wrong" (Fitzgibbons, 1986, pg. 64.)

A chronic condition is "one that has existed for at least 3 months" (National Center for Health Statistics, 1993, p. 3).

Elderly is the term equated to the category referred to as "older population," persons 65 years and older, as identified by the U.S. Bureau of the Census and the National Center for Health Statistics (Department of Health and Human Services, 2002).

"Hostility is more or less an enduring pattern of suspiciousness, resentment, frequent anger, and cynical mistrust of others" (Koenig, McCullough & Larson, 2001, p. 205).

Health is a unitary concept defined by the World Health Organization as, "the presence of physical, mental, and social well being" (1980, p. 11).

Empathy is the "cognitive awareness of another person's internal states that is their thoughts, feelings, perceptions, and intentions" (Ickes, 1997, p. 29).

Forgiveness is the "overcoming of negative affect and judgement toward the offender, not by denying ourselves the right to such affect and judgement but by endeavoring to view the offender with benevolence, compassion and even love, while recognizing that he or she has abandoned the right to them (Subkoviak et al., 1992, p. 3)

State anger is defined as a "psychological emotional state or condition marked by subjective feelings that vary in intensity from mild irritation or annoyance to intense fury and rage" (Spielberger, 1999, p. 1).

Trait anger is defined in terms of "individual differences in the disposition to perceive a wide range of situations as annoying or frustrating and by the tendency to respond to such situations with elevations in state anger (Spielberger, 1999, p. 1)?

Participants

The sample ($n=203$) was senior citizens with ages ranging from 65- to 83-years-old (65-69= 29%; 70-75= 37%; 76-79=23%; 80+=11%). Participants were volunteers primarily from two Catholic churches in Central Florida, Indialantic and Ormond Beach. The overwhelming majority listed themselves as Catholic (97%). The volunteers were contacted primarily through two ways. From the church in Indialantic a list of those members 65 and older was obtained and those listed received a letter of invitation. An announcement was placed in the Sunday bulletin for both churches seeking volunteers for the study. As compensation the volunteers were treated to a free meal for participating in the study.

For the church in Indialantic there were three testings. The first had 204 participants, the next two testings, offered for those unable to attend the first, had 32 and 5 respectively. In Ormond Beach there were 21 volunteers for the single testing. From a total of 262 participants, 59 had to be rejected. The reasons for the disqualifications were as follows: 18 reported no hurts on the EFI, 11 did not complete the EFI entirely, 29 failed to complete two or more of the instruments, and 1 chose not to fill out any of the instruments.

Procedure

The participants were given an envelope that contained all the instruments. Inside each packet there were general instructions on how to complete each instrument. The directions were given orally, and time was allowed for any needed clarification and questions. Due to its complexity and core value to the study, the EFI was completed first

and instructions directed the participants to complete each instrument in the packaged order, which were previously randomized.

Psychological Variable Instruments

The following instruments, Enright Forgiveness Inventory, the Anger Expression Inventory (STAXI-2), the 27-item Version of the Cook and Medley Hostility Scale, Physical Health Status, and the Health-Risk Inventory, were given to each participant which took from sixty to ninety minutes to complete.

The Enright Forgiveness Inventory (EFI)

The EFI is an objective measure of the degree to which one person forgives another who has hurt him or her deeply and unfairly. The Enright Forgiveness Inventory has been utilized in several studies and possesses a variety of desirable psychometric properties. Its purpose is to assess six aspects of forgiving another individual: presence of positive affect, cognition, and behavior and the absence of negative affect, cognition, and behavior. Internal consistency reliabilities for all six subscales are high, and internal consistency reliability for the total scale score is in the high .90s (Subkoviak et al., 1995).

The EFI has 60 items and three subscales of 20 items each that assess the domains of Affect, Behavior, and Cognition. Each subscale is further divided into two internal subscales composed of 10 positive items and 10 negative items (i.e., Positive affect, Negative affect, Positive behavior, Negative behavior, Positive cognition, and Negative cognition). Five final items are added for construct validity. As well, understanding that the word forgiveness may generate conceptual biases, the word "forgiveness" is not used in the EFI or during the verbal instruction prior to administration. To complete the EFI, the participants focus on a particular experience of someone hurting them unjustly and

deeply and respond to each statement on a six-point scale of agreement-disagreement which is scored so that the larger values represent a more forgiving attitude.

The Inventory

The inventory is composed of 60 items, each on a 1-6 Likert scale from Strongly Disagree to Strongly Agree. Each item is in one and only one subscale of Affect, Behavior, or Cognitive. Each subscale is further divided into positive and negative subscales.

The EFI presents five additional items to measure pseudo-forgiveness. The pseudo-forgiveness items are not included in the total score of the EFI. Hunter (1978) and Augsburg (1981) have discussed pseudo-forgiveness as a form of denial or condonation.

Internal Consistency Reliability

Forgiveness is conceptualized to be a homogeneous construct. Therefore, the reliability estimate for the EFI is Cronbach's Alpha Coefficient of external reliability across the 60 items. Findings provide evidence that EFI is internally reliable with strong Cronbach's Alpha coefficients across samples at .98 (Subkoviak et al., 1995); .98 (Sarinopoulos, 1996) and .99 (Sarinopoulos, 1999).

Validity for the EFI

The one-item Forgiveness scale that accompanies the EFI has been the primary measure to provide evidence that the EFI measures forgiveness and not a different construct. The Wade Forgiveness Scale (Wade, 1989), which has similar theoretical constructs to the EFI, has been used as a concurrent measure. The findings have indicated that the correlation between the EFI and one-item Forgiveness Scale is positive, strong, and approaches the expected magnitude: .60-.68 (Sarinopoulos, 1996; Subkoviak 1995;

Waltman et al., 1999). Other evidence that EFI passes construct validity was demonstrated by significant and negative correlations with anxiety and anger (Subkoviak et al., 1995; Sarinopoulos, 1996).

The EFI contains 60 items evenly divided among the six areas noted above. Each item is scored on a five-point scale and the range of scores for the 60-item form is from 60-360 (10-60 within each of the subscales). Subkoviak et al. (1995) report interval consistency reliabilities for the subscales as assessed by alpha coefficients in the high 90s, well within the acceptable range for social science research instruments.

The Anger Expression Inventory

A major motivation for constructing the anger expression scale was to develop an instrument that would facilitate the investigation of how various components of anger contribute to the etiology of hypertension and coronary heart disease.

The State-Trait Anger Expression Inventory (STAXI-2), consists of 57 items, which provide concise measures of experience, expression, and control of anger. The STAXI-2 was developed primarily for two reasons: (a) to assess components of anger for detailed evaluations of normal and abnormal personality, and (b) to offer a means of measuring the effects of various components of anger to the development of medical conditions, particularly hypertension, coronary heart disease, and cancer.

The experience of anger as measured by the STAXI-2 is conceptualized as having two major components: state and trait anger. State anger is defined as a psychological emotional state or condition characterized by subjective feelings that range in intensity from mild irritation or annoyance to intense fury and rage. Anger as a psychological emotional state is commonly accompanied by muscular tension and by arousal of the neuro-endocrine and autonomic nervous systems (Spielberger, 1999).

Trait anger is defined in terms of individual differences in the disposition to perceive a wide range of situations as annoying and frustrating and by the tending to each to seek situations with elevations in state anger. Individuals with high anger scores experience state anger more often and with greater intensity than individuals who are low in trait anger (Spielberger, 1999).

Descriptive Statistics for the Normative Samples

The normative data for the STAXI-2 are based on the responses of more than 1,900 individuals from two populations: heterogeneous samples of normal adults ($N = 1,644$; 977 females, 667 males) and hospitalized psychiatric patients ($N = 276$; 105 females, 1712 males). Alpha coefficient measures of internal consistency were uniformly high across all scales and subscales (.84 or higher median $r = .88$). The internal consistency reliabilities of the scales and subscales are satisfactory and were not influenced by either gender or psychopathology.

Anger Expression and Anger Control

Anger expression and anger control are thought of as having four major components. The first component, Anger Expression-out, involves the expression of anger toward other persons or objects in the environment while the second component, Anger-in, is anger directed inward (i.e., holding in or suppressing angry feelings). The third component, Anger Control-out, is primarily based on the control of angry feelings by the prevention of the expression of anger toward other persons or objects in the environment. The fourth component, Anger Control-in, is related to the control of suppressed angry feelings by relaxing, calming down, or cooling off when angered.

The STAXI-2 has been used primarily in research in behavioral medicine and health psychology. The effects of the components of anger measured by the STAXI-2 scales on elevated blood pressure and hypertension, cardiovascular reactivity, heart

disease, PTSD, and other medical and psychological disorders have been examined in a number of studies (Culbertson & Spielberger, 1996; Julkunen, 1996; Lawler et al., 1998; Spicer & Chamberlain, 1996).

STAXI-2 Scales and Subscales

The STAXI-2 consists of six scales, five subscales, and an Anger Expression Index, which provides an overall measure of the expression and control of anger. The Anger-Out scale measures anger expressed outwardly, while the Anger-In scale assesses suppressed anger. Each scale contains 8 items and each item is scored on a 4-point scale.

The 27-Item Version of the Cook and Medley Hostility Scale

The MMPI-based Cook and Medley Hostility scale (1954) is a measure that has been commonly utilized in a number of studies for the health consequence of hostility (Barefoot et al., 1983; Schekelle, Gale, Ostfeld, & Paul, 1983; Williams, Haney, Lee, Kong, Blumenthal, & Whalen, 1980). The construct hostility a broad psychological domain encompasses various cognitive, emotional, and behavioral aspects of an individual's negative orientation toward interpersonal interactions. The hostility domain includes most notably the traits of cynicism, anger, mistrust and aggression.

In cross-sectional studies, hostility scores correlate with the severity of coronary artery disease (Williams, 1989), peripheral artery disease (Joesoef, Welterhall, DeStefano, Stroup, & Fronek, 1989), and cardiovascular reactivity (Hardy & Smith, 1988; Smith et al., 1989; Suarez & Williams 1989; Weidner, Friend, Ficarrotto, & Mendell, 1989). Hostility scores as well have been found to predict coronary heart disease (Barefoot, Dahlstrom, & Williams, 1983; Schekelle et al., 1983), hypertension (Barefoot et al., 1983; Barefoot, Dodge, Peterson, Dahlstrom, & Williams, 1989).

There are six identifiable subsets of items in the scale: Hostile Attributions, Cynicism, Hostile Affect, Aggressive Responding and Social Avoidance, and a group of miscellaneous items, which are in the Other Category. Hostile Attributions (12 items) reflect a tendency to interpret the behavior of others as intended to harm the respondent. These items are admission of suspicion, paranoia, and fear of threat to self.

Cynicism (13 items) reflect a generally negative view of humankind, depicting others as unworthy, deceitful, and self-serving. Hostile Effect subsets (51 items) point to the experience of negative emotions associated with social relationships. They are admissions of anger, impatience, and frustration when dealing with others.

Aggressive Responding (9 items) highlight the respondents tendency to employ anger and aggression as instrumental responses to difficulties or to promote those behaviors as reasonable and justified.

Social Avoidance (41 items) reveal the respondent's tendency to avoid others, refrain from social interaction, or withdraw from interpersonal involvement. While the category Other encompasses a subset of 7 items that do not correspond to a common psychological content.

This version of the Minnesota Multiphasic Personality Inventory (MMPI) based Cook-Medley Hostility scale contains 27 statements in a true-or-false format. The scale assesses the cynicism, affective, and aggressive responding aspects of hostility and is a better predictor of mortality than the full hostility scale using full-information maximum likelihood factor analysis. Adequate psychometric properties have been reported (Barefoot et al., 1989).

Physical Health Status

Developed previously in the published work of Professor Deborah Vandervoort of the University of Hawaii, the physical health status uses four different kinds of self-report measures. The first, Physical Symptom Checklist, asks the person to reflect on recent ailments and "indicate how often" they were bothered by such ailments in the past two weeks. A similar form of the Physical Symptoms Scale assesses chronic ailments by asking the person once again to reflect on chronic ailments and "indicate how often" they were bothered by such ailments on a regular bases but this time over a long period of time. Two scores are obtained on recent ailments: (a) the number of ailment categories (such as, fever, sore throat, cough, headache, skin rash, heartburn, ear infection, lower back pain, and other symptoms) reported by the individual as being present in the past two weeks, and (b) the frequency of the symptoms (1-5 scale).

Two similar scores were obtained for the chronic ailments as follows: (a) the number of ailment categories (the same categories were used as in the recent ailment section: headache, sore throat, heartburn, fever, cold, skin rash, and other symptoms) reported by the participant as being a problem, and (b) the frequency of the symptom (1-5 scale).

The Health Problem Scale required the participant to put a check mark by any of 29 different health problems or chronic conditions that a physician "informed you that you have" for a second measure. The range of problems include asthma, ulcer, chronic bronchitis, diabetes, colitis, and so forth. The list of chronic conditions was from that used in the Alameda County Human Population Laboratory Study (Belloc, Baslow, & Hochstim, 1971) as collected by Vandervoort (1995). The questionnaire has been found

acceptably reliable and valued in comparison with medical records (Andrews, Schonell, & Tennant, 1977; Meltzer & Hochstim, 1977).

A third measure focused on heart-related problems by including two items from the Health Problems Scale: presence of hypertension and heart disease. Another heart-related measure, the Heart Disease-Related Symptoms questioned the participants if they ever experienced chest pains or shortness of breath while lying down. Both heart disease-related measures were adopted from those originally in the Alameda County Human Population Study that were found to predict heart disease mortality (Kaplan, Cohn, Cohen, & Guralnik, 1988). Further evidence of the validity of subjective reports of somatic health is garnered from a review of 39 studies by Ware, Daives-Avery, and Donald (1978). Additional studies confirm the reported health status to be highly predictive of mortality (LaRue, Bank, Jarvik, & Hetland, 1979; Maddox & Douglas, 1973; Mossey & Sapiro, 1982).

The health outcomes were evaluated utilizing a total of seven physical health outcomes:

1. number of recent physical symptoms (#PSC Recent).
2. frequency of recent physical symptoms (FPSC Recent).
3. number of chronic physical symptoms (#PSC Chronic).
4. frequency of chronic physical symptoms (FPSC Chronic).
5. number of diagnosis of major health problems.
6. diagnosis of heart disease-and-hypertension.
7. heart disease related symptoms.

Health-Risk Variables

Given the notable evidence that strongly suggests the following variables are risk factors for a variety of illnesses (Leigh, 1982; Matarazzo & Leckliter, 1988; Moos, 1979; Weiner & Fawry, 1989), they were used as controls in the multiple regression models. The variables are the following: age, gender, body mass index (weight (Kg)/height (cm)², exercise (number of hours per week), cigarette smoking (currently being a smoker

or not), alcohol (number of drinks of wine, beer, and hard liquor in an average week), salt intake, and caffeine intake (the number of caffeinated coffee or soft drinks per day).

Study

Alpha coefficients, means, and standard deviations for the predictor variables, the Enright Forgiveness Inventory and its subscales, the Anger-In and Anger-Out subscales of the Anger Expression Scale, and the 27-item version of the Cook and Medley Hostility scale will provide the descriptive data for the correlational analysis.

The means and standard deviations for the Physical Health measures will be incorporated in the analysis. A correlative analysis between predictor variables, health risk factors, and physical health measures will be processed as well as a multiple regression analysis between predictor variables and physical health. As well, a partial correlative analysis between forgiveness and physical health when controlling for other predictor variables and health risk factors will be included in the study.

CHAPTER 4

RESULTS

The purpose of this study was to examine the relationship between forgiveness and physical health while controlling for health risk variables; e.g., sex, body mass, smoking, alcohol, salt, caffeine, and exercise. In addition, the relationship between hostility and anger upon one's physical health was also examined. Forgiveness after controlling for health risk factors was also examined. This study attempted to answer the following research hypotheses:

1. Forgiveness will be positively related to physical health. High scorers on forgiveness will have fewer physical health problems, and vice versa.
2. Hostility and both suppressed and expressed anger will be negatively related to physical health. High scorers on anger and hostility will have more physical health problems, and vice versa.
3. Forgiveness, anger, and hostility will remain significantly related to physical health after controlling for age, sex, smoking, liquor, caffeine, body mass, exercise, and salt.
4. Forgiveness will remain significantly related to physical health after controlling for anger and hostility.

Descriptive Data

A total of 244 senior citizens participated in this research, although data from just 203 were used in this study. The assessment measurements were administered to 244 male and female senior citizens from two Catholic churches, one in Indialantic and the other in Ormond Beach, Florida. The discrepancy in the number who participated and the number used was due to insufficient data supplied by the participants. The ages ranged

from 65 to 82. There were 58 males and 146 females. There were no participants of color.

Results

As two incidents of forgiveness were reported, in most cases the first Enright Forgiveness Inventory (EFI) was used. The criteria for choosing an incident was to favor those involving a close relationship and a deep hurt (4 or 5 in a 1-5 scale). We tend to become ambivalent or worse towards those people who are most important to us (Hope, 1987). The definition of a close relationship was adopted from Subkoviak et al., (1995).

Content analysis on reports of the offenses involved classifying responses on the basis of eight categories (False Accusations, Lack of Care, Aggression, Finances, Rejection, Trust, Infidelity, Lacking of Praise) proposed by Rique and Enright (1998). There were ten respondents who did not choose a category. Rejection for both male (31%) and female (22%) was the most common category. Trust, lacking of praise, lack of care and false accusations all registered at 12%, the second highest category for males. For the females lack of care was 20%, lacking praise 16%, trust, 12%, and false accusations 10%, were the most common for females.

Alpha coefficients, means and standard deviations for the predictor variables including the Enright Forgiveness Inventory (EFI) and its subscales, the Anger-In and Anger-Out subscales, and the 27-item version of the Cook and Medley Hostility Scale are presented in Table 4-1. The EFI demonstrates a strong internal consistency reliability. The anger expression scales and the hostility scale also demonstrated adequate internal consistency reliability.

Table 4-1. Descriptive Statistics for Forgiveness, Suppressed and Expressed Anger, and Hostility.

	# of Items	Means	Standard Deviation	Alpha
EFI Total Score	60	279.56	58	0.98
EFI Affect	20	86.39	22.42	0.94
EFI Behavior	20	94.54	20.45	0.94
EFI Cognition	20	98.63	20.21	0.95
Anger-in	8	16.11	4.24	0.74
Anger-out	8	13.24	3.43	0.71
Hostility	27	9.88	4.69	0.77

The EFI mean score of 279.56 is considerably higher than the mean score of 257 reported in Subkoviak et al. (1995), Sarinopoulos 253.5 (1999) and far greater than the 196 reported in a more clinical sample of Coyle and Enright (1997). Most notable was the relatively low standard deviation of 58, as compared with the 75.23 found in Sarinopoulos's research. Suppressed and Expressed Anger means are comparable to national norms reported in Spielberger (1999). The mean score of 9.88 for hostility is slightly lower compared to national norms of 10.5 (Barefoot et al., 1991).

Descriptive data for the health outcomes are presented in Table 4-2. Mean scores for the Physical Symptoms Checklist and the Health Problems Scale measures were slightly lower than those reported in the literature (Vandervoort, 1995, Vandervoort, Luis, & Hamilton, 1996). The rate of heart disease and hypertension were comparable to those reported in the Alameda County Study (Kaplan, Cohn, Cohen, & Guralnik, 1988).

Descriptive data for selected risk variable outcomes are presented in Table 4-3. One of the measures is the body mass index (BMI), which indicates how much weight comes from muscle versus fat. A BMI score higher than 25 is considered to be a reason for concern. Our sample appears borderline overweight but equal to a middle-age sample

(Sarinopoulos 1999). The alcohol and caffeine intake is quite moderate, while exercise is comparable to a youthful college age sample, 7.48 (Sarinopoulos 1999).

Table 4-2. Descriptive Statistics for Physical Health Measures

	# of Items	Means	Standard Deviation
# PSC Recent ¹	90	19.11	13.19
FPSC Recent ²	90	41.77	35.77
#PSC Chronic ³	90	23.49	15.32
FPSC Chronic ⁴	90	67.86	45.41
HPS ⁵	29	3.16	2.63
Hypertension/Heart Diagnosis ⁶	4	0.59	0.72
Heart Disease-Related Symptoms ⁷	4	1.08	1.01

¹Number of physical symptoms; ²frequency of physical symptoms; ³number of chronic physical symptoms; ⁴frequency of chronic physical symptoms; ⁵Health Problems Scale; ⁶hypertension or other health problem diagnoses now or in the past; ⁷chest pain, tightness or pressure, or shortness of breath when lying down, now or in the past.

Table 4-3. Descriptive Statistics for Selected Health Risk Variables

	Means	Standard Deviation
Age	72.89	5.12
Body Mass Index	25.38	4.40
Alcohol (drinks/week)	3.03	4.32
Exercise (hours/week)	7.19	8.74
Caffeine (drinks/day)	1.82	1.74

Correlation among predictor variables presented in Table 4-4 most notably indicates no significance between forgiveness and the physical health symptoms. The EFI did have an inverse correlation with hostility. The most notable observation was the correlation between anger-in and the number of physical symptoms, chronic and recent. Anger-in showed a significant correlation with heart disease-related symptoms. Both

anger-in and hostility had a significant correlation with body mass index. Suppressed (anger-in) and expressed (anger-out) indicate a significant correlation with hostility.

Data in Table 4-4 refutes the statement presented by Hypothesis 1 that forgiveness will be positively related to physical health and that those who forgive will have fewer health problems and vice versa. It also responds to Hypothesis 2, that hostility and both suppressed and expressed anger will be negatively related to physical health and that high scorers on anger and hostility will have more physical health problems and vice versa. Forgiveness failed to show any correlation, either positive or negative to physical health symptoms. Hypothesis 2 had shown that anger has a significant correlation to one's health. Expressed anger did indicate a slight positive correlation to number of recent physical symptoms and to heart disease-related symptoms. The most notable correlation was with suppressed anger as it was positively correlated with the number of recent physical symptoms, frequency of these symptoms (e.g., headache, sore throat, heartburn, fever, skin rash, and lower back pain) chronic physical symptoms and the frequency of these symptoms of the same type (e.g., headache, sore throat, heartburn, fever, skin rash, and lower back pain) and with heart disease-related symptoms. Hostility showed a relation to only one symptom, hypertension/ heart diagnosis, and did not reveal any other correlation with the other symptoms, whether recent or chronic.

Data presented in Table 4-5 pertain to Hypothesis 3. When controlling for the eight health risk variables in separate regression models for the four predictor variables, neither forgiveness nor hostility was significant to any of the seven health measures. Suppressed anger was the only predictor variable that had any correlation with five of the seven health measures. Suppressed anger was found to be related independently of risk factors to common physical symptoms (e.g. headache, sore throat heartburn and lower

back pain), self-reported diagnoses of health problem or chronic conditions (e.g. diabetes, asthma, ulcer, and chronic bronchitis), diagnoses of heart disease and hypertension and heart disease-related symptoms (e.g. chest pain, or shortness of breath).]

Table 4-4. Correlations Between Predictor Variables, Health Risk Factors, and Physical Health Measures

	EFI Total Score	Anger-in	Anger-out	Hostility
EFI Total Score		n.s.	n.s.	-.30***
Anger-in			.40***	.22***
Anger-out				.28***
#PSC Recent	n.s.	.32***	.16*	n.s.
FPSC Recent	n.s.	.29***	n.s.	n.s.
#PSC Chronic	n.s.	.27***	n.s.	n.s.
FPSC Chronic	n.s.	.25***	n.s.	n.s.
HPS	n.s.	n.s.	n.s.	n.s.
Hypertension/Heart Diagnosis	n.s.	n.s.	n.s.	.16*
Heart Disease-Related Symptoms	n.s.	.21**	.15*	n.s.
Smoking	n.s.	n.s.	n.s.	n.s.
Sex	n.s.	n.s.	n.s.	n.s.
Salt	n.s.	n.s.	n.s.	n.s.
Age	n.s.	n.s.	n.s.	n.s.
Body Mass Index	n.s.	.18*	n.s.	.21**
Alcohol	n.s.	n.s.	n.s.	n.s.
Exercise	n.s.	n.s.	n.s.	n.s.
Caffeine	n.s.	n.s.	n.s.	n.s.

* $p < .05$; ** $p < .01$; *** $p < .001$

Data in Table 4-6 pertain to Hypothesis 4, that forgiveness will remain significantly related to physical health after controlling for anger and hostility. To assess whether forgiveness would maintain its relationship with physical health status when controlling for expressed and suppressed anger and hostility, partial correlation analysis were conducted. As can be seen the relationship between forgiveness and (a) the number of recent and chronic physical symptoms, (b) frequency of recent and chronic physical

symptoms, (c) diagnoses of major health problems, (d) diagnoses of heart disease-and hypertension, and (e) heart disease-related symptoms were not significant.

Table 4-5. Multiple Regression Analyses: Predictor Variables and Physical Health

	EFI Total Score	Anger-in	Anger-out	Hostility
#PSC Recent	n.s.	.28** $R^2 = .14$	n.s.	n.s.
FPSC Recent	n.s.	.31*** $R^2 = .15$	n.s.	n.s.
#PSC Chronic	n.s.	.25*** $R^2 = .13$	n.s.	n.s.
FPSC Chronic	n.s.	.28*** $R^2 = .14$	n.s.	n.s.
HPS	n.s.	n.s.	n.s.	n.s.
Hypertension/Heart Diagnosis	n.s.	n.s.	n.s.	n.s.
Heart disease-Related Symptoms	n.s.	.18** $R^2 = .10$	n.s.	n.s.

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 4-6. Partial Correlation Analyses: forgiveness and Physical Health When Controlling for Other Predictor Variables

	EFI Total Score
#PSC Recent	n.s.
FPSC Recent	n.s.
#PSC Chronic	n.s.
FPSC Chronic	n.s.
HPS	n.s.
Hypertension/Heart Diagnosis	n.s.
Heart Disease-Related Symptoms	n.s.

Note: Control variables in the analyses were anger-in, anger-out, hostility, and smoking.

Partial correlation analyses were also conducted controlling for the eight health risks, as well as the other three-predictor variables (expressed and suppressed anger and hostility). As can be seen from Table 4-7 the relationship between forgiveness and (a) the

number of recent and chronic symptoms; (b) frequency of recent and chronic symptoms; (c) diagnosis of major health problems, (d) diagnosis of heart condition and hypertension, and (e) health condition-related symptoms. Through all this, forgiveness proved not to be significant while suppressed anger was. Suppressed anger was significant to all symptoms except those relating to heart and hypertension.

In Table 4-8 I looked to see if there were any differences between genders in health predictors. By separating the data by gender no significant difference was found in the predictor variables, forgiveness suppressed or expressed anger and hostility. In Table 4-9 again the data were examined based on gender and two categories proved to be significant. In the physical health variables, the frequency of chronic ailments, females displayed a greater manifestation. For hypertension/ heart diagnosis, males were significantly greater than females.

Table 4-7. Partial Correlation Analyses: Anger-In and Physical health When Controlling for Other Predictor Variables and Health Risk Factors

	Anger-in
#PSC Recent	.25***
FPSC Recent	.27***
#PSC Chronic	.22**
FPSC Chronic	.25***
HPS	n.s.
Hypertension/Heart Diagnosis	n.s.

Note: Control variables in the analyses were EFI total score, Anger-out, Hostility, and Smoking.

p < .01; *p < .001

Table 4-8. Gender Differences in Predictors

	Males Mean (St. Dev.)	Females Mean (St. Dev.)	t-value	Df	Sig
EFI Total Score	280.40 (64.11)	279.23 (55.67)	.13	201	n.s.
Anger-in	16.83 (4.32)	15.82 (4.19)	1.55	201	n.s.
Anger-out	13.68 (4.26)	13.07 (3.05)	1.15	201	n.s.
Hostility	10.63 (4.78)	9.59 (4.64)	1.43	201	n.s.

Table 4-9. Gender Differences in Physical Health Variables

	Males Mean (St. Dev.)	Females Mean (St. Dev.)	t-value	Df	Sig
#PSC Recent	17.23 (11.79)	19.84 (13.67)	-1.27	201	n.s.
FPSC Recent	37.00 (31.27)	43.60 (37.30)	-1.14	189	n.s.
#PSC Chronic	21.19 (13.71)	24.38 (15.86)	-1.34	201	n.s.
FPSC Chronic	57.75 (42.28)	71.85 (46.05)	-2.00*	199	Sig
HPS	3.19 (3.81)	3.14 (2.01)	.12	201	n.s.
Hypertension/Heart Diagnosis	.82 (.76)	.50 (.69)	2.94**	201	Sig
Heart Disease-Related Symptoms	1.07 (1.07)	1.08 (.99)	-.08	201	n.s.

*p < .05; **p < .01

To explore the possibility of any relationship between health and forgiveness 1 examined these variables from the perspective of the time of the hurt. Establishing the median, I divided the data into two groups: 3 years and earlier (n=102) and 4 years or more (n=101). As can be seen in Table 4-10 for the group 3 years or less, forgiveness did

show a significant correlation, $-.26$, with only one health measure, hypertension/heart diagnosis, but did not yield any significance for the group 4 years or more. This lone significant correlation can likely be attributed to a Type 1 error.

Table 4-10. Correlations Between Predictor Variables, Health Risk Factors, and Physical Health Measures. Participant with 3 years or less ($n=102$)

	EFI Total Score	Anger-In	Anger-Out	Hostility
EFI Total Score		n.s.	n.s.	$-.24^*$
Anger-In			$.40^{***}$	$.28^{**}$
Anger-Out				$.36^{***}$
# PSC Recent	n.s.	$.39^{***}$	$.25^*$	n.s.
FPSC Recent	n.s.	$.35^{***}$	$.26^{**}$	n.s.
# PSC Chronic	n.s.	$.37^{***}$	$.27^{**}$	n.s.
FPSC Chronic	n.s.	$.37^{***}$	$.27^{**}$	n.s.
HPS	n.s.	n.s.	n.s.	n.s.
Hypertension/Heart Diagnosis	$-.26^{**}$	$.27^{**}$	$.22^*$	$.26^{**}$
Heart Disease-Related Symptoms	n.s.	$.26^{**}$	$.24^*$	n.s.
Smoking	n.s.	n.s.	n.s.	n.s.
Sex (0:male; 1:female)	n.s.	n.s.	$-.25^*$	$-.28^{**}$
Salt	n.s.	n.s.	n.s.	n.s.
Age	n.s.	n.s.	n.s.	$.20^*$
Body Mass Index	n.s.	$.18^*$	n.s.	$.31^{**}$
Alcohol	n.s.	n.s.	n.s.	n.s.
Exercise	n.s.	n.s.	n.s.	n.s.
Caffeine	n.s.	n.s.	n.s.	n.s.

* $p < .05$; ** $p < .01$; *** $p < .001$

As well, I studied the relationship of health with forgiveness in long-term hurt of 20 years or more ($n = 44$). No significant relationship was found. Finally, I investigated the relationship of forgiveness with health through the perspective of the type of hurt (infidelity, lack of care, lack of praise). Once again, no significance was uncovered.

This study unlike previous studies (Sarinopoulos, 1999; Enright & Coyle, 1996), failed to show that forgiveness has any predictor value for an individual's health. Anger, though not the primary study of this research, offered the strongest correlation to health.

Most surprising despite previous research, forgiveness, except in one case, failed to show any correlation to physical health. Figures 4-1 through 4-5 vividly show the main effects of anger on health.

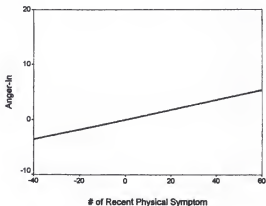


Figure 4-1. Main Effect on Number of Recent Physical Symptoms on Anger-in

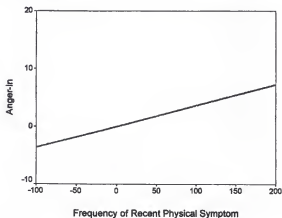


Figure 4-2. Main Effect of Frequency of Recent Physical symptoms on Anger-in

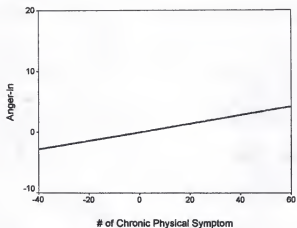


Figure 4-3. Main Effect of Number of Chronic Physical Symptoms on Anger-in

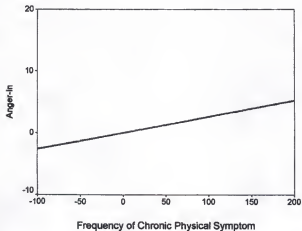


Figure 4-4. Main Effect of Frequency of Chronic Physical Symptoms on Anger-in

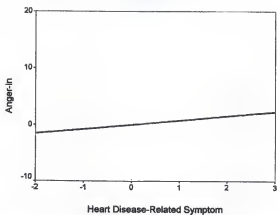


Figure 4-5. Main Effect of Heart Disease-related Symptoms on Anger-in

CHAPTER 5

DISCUSSION

The research findings of this study will be presented individually, i.e., the hypotheses will be presented followed by an explanation and discussion of findings. This will be followed by a discussion of the implications of findings for the study and conclude with limitations of findings.

The most notable finding was that forgiveness unlike in similar studies (Huang, 1990, Sarinopolous, 1999, Coyle & Enright, 1997) did not show to have any significance in predicting physical health. Hypothesis 1 proposed that forgiveness will be positively related to physical health and that high scorers on the forgiveness inventory will have fewer physical health problems and vice versa. This did not prove to be true. Hypothesis 4 proposed that forgiveness will remain significantly related to physical health after controlling for anger and hostility. This too proved unsupported by the data. This contrasts sharply with Sarinopoulos' study (1999) where forgiveness was not only significant but was the strongest predictor of an individual's health, even more than hostility. This finding is somewhat surprising as the previous literature indicated the contrary (Sarinopulos, 1999, Luskin et al., 2001, Witvliet, 2001). A distinguishing factor of this study was the age of the cohort. This study focused on senior citizens many of whom are in their late seventies. When one reaches an advanced age, genetics and the toll of life play an immense role on the condition of one's health. There may come a point where the effects of age will prevail despite a healthy lifestyle and disposition.

The population scored quite high on the Enright Forgiveness Inventory 279.56. It clearly outdistanced previous scores, Sarinopoulos's 254 (1999), Coyle's and Enright's 196 (1997), and Subkoviak and colleague's 251 (1995). Does this indicate that the elderly are better forgivers? Perhaps more importantly was the relatively low standard deviation score of 58 as compared with Sarinopoulos's 75.23. Whether they were in strong or poor health, the sample seemingly were quite efficient at forgiving. As the older population faces increasing physical ailments and disabilities and uncertainty about the future, they experience a need to "put things in order" (Koenig, Larson, & Matthews, 1995). This is part of the life review process whereby integrity becomes a primary goal, corresponding to Erikson's (1950) integrity versus despair, the last stage of his eight psychosocial stages for ego development. Grudges, resentments, and past hurts are surrendered or resolved (Koenig, Larson, & Matthews, 1995) Perhaps this population desiring resolution, believed they had truly forgiven those who had hurt them but may have failed to do so. Anger, particularly suppressed anger, was shown to be significant, which may signify unresolved forgiveness issues. According to the Enright and the Human Development Study Group (1992), forgiveness is an overcoming of negative feelings and cognitions toward the one who has hurt us. Forgiveness offers one the improved capability to deflate anger (Huang, 1990; Coyle & Enright, 1997). Forgiveness helps decrease the level of anger and hostility (Medalie & Goldbourt, 1976; Seeman & Syme, 1987; Shapiro, 1996) and the feelings of anger, hatred, and hostility are given up (Richards, 1988). This suppressed anger may indicate that this has not been done adequately and that the forgiveness is incomplete.

The instruments and setting may have been a source of discomfort for this older population. As it was completed in a church setting and dealt with topics that reflect the

practice of one's faith, perhaps some found it difficult, whether consciously or subconsciously, to answer honestly the questions pertaining to forgiveness. Though promised complete anonymity, some may have felt uncertain about protection of their privacy. If they had struggled with forgiveness, they may not have wanted to admit such a seemingly moral weakness. Older persons rarely feel comfortable in discussing such personal and private matters such as forgiveness (Koenig, Larson, & Matthews, 1995).

Older persons are religiously active. Organized religious activity is clearly the most common form of voluntary social participation by older adults in this country. The personal dimension of religious involvement, indicated by strength of belief, importance of religion, and intrinsic religiosity is also widespread among the elderly, with over 75% of persons age 65 or older indicating that religion is very important to them (Princeton Religion Research Center, 1994). As forgiveness is closely linked to religious tenets, it is understandable that some may be uncomfortable admitting that they are poor forgivers. Those who are in strong or weak health may both identify themselves as genuine forgivers, whether it is validated or not. The volunteers for the study all came from a church setting and such volunteers are normally representative of the most active in a church. What is lacking is not only a random sample of believers but those who hold no strong religious beliefs. Religion, and the practice of its dictates, such as forgiveness, is seen as a coping strategy. Approximately 24% to 40% of older adults spontaneously offer religious responses, especially women and minority elders (Rosen, 1982; Koenig, 1994; Koenig et al., 1992). The spontaneous response could have well been their immediate reply to the questions when inquiring about their level of forgiveness.

Hypothesis 2 stated that hostility and both suppressed and expressed anger will be negatively related to physical health. High scorers on anger and hostility will have more physical health problems and vice versa. Furthermore Hypothesis 3 states that it will remain significant after controlling for age, sex, smoking, liquor, caffeine, body mass, exercise and salt. Of the three, suppressed anger had the strongest correlation. It was both significant with recent and chronic physical symptoms and the frequency of these symptoms as well. It also proved to be significant with heart disease -related symptoms. These results matched favorably with those of the middle-age cohort in Sarinopoulos' study (1999). It also compares well with the recent research. Arena, Bruno, Rozantine, and Meador (1997) found that tension headache sufferers had significantly more suppressed anger compared to nonpain controls. Vandervoort, Ragland, and Syme (1996) noted that suppressed and expressed anger are related to health problems ranging from gastrointestinal to musculoskeletal health complaints. There is additional evidence that anger is related to impaired immune system functioning. (Esterling et al., 1990; Kiecolt-Glaser et al, 1993; Mills & Dimsdale, 1993; Pennebaker et al., 1988). Expressed anger did not prove to be as strong of a predictor as suppressed anger. It did share with suppressed anger, though, a significant relationship with heart disease-related symptoms. Haynes et al. (1980) in a longitudinal study did find that anger was related to coronary heart disease incidence. Kawachi et al. (1996) found a relative risk of 2.66 for the effect of anger on coronary heart disease. Anger has been found to correlate with platelet aggregation (Wenneberg, et al., 1997) and with a decrease in diameter in narrowed arteries (Boltwood et al., 1993).

Hostility showed a slight correlation with hypertension/heart disease. Hostility is widely regarded as the "toxic" component of Type A personality. It has been found to be a good predictor of heart disease in the research literature (Barefoot et al., 1995; Dembroski & Costa, 1987; Friedman & Boot-Kewley, 1987; Miller et al., 1996; Shekelle et al., 1983; Williams, 1993).

Research Implications

This research study intended to explore the relationship between forgiveness and physical health in senior citizens. Earlier research investigating the relationship between forgiveness and health in younger age cohorts (Sarinopoulos, 1999; Luskin & Thoresen, 1998) indicated a significant correlation. This study failed to show any relationship. It is unknown whether the disparity between age groups is a developmental or a cohort phenomenon. Perhaps senior citizens, when they were younger, would have been similar to the middle-aged population of Sarinopoulos' (1999) research. Is there something about the senior years that diminishes the efficacy of forgiveness? Perhaps if there is a positive resolution of Erikson's eighth stage in psycho-social development, integrity versus despair, other factors along with or above forgiveness help diminish the pain of undeserved hurts.

Various explanations need to be explored. Is it possible that there is an unknown protective factor for older adults who do not forgive? As they seek integrity do older adults subconsciously let go of past hurts in order to achieve peace of mind? There may be a dynamic that takes place that is yet to be discovered. It may well be that even if they do not feel good, which may be attributed to advanced age, they are still able to forgive. In this case, health and forgiveness would have no relationship with each other. Possibly

for some, even if they are in good health, they still may choose to be unforgiving with no apparent consequence on their health.

Practical Implications

An objective of this study was to explore the efficacy of forgiveness in improving or maintaining one's physical health. If forgiveness proved to be a strong predictor for health then counselors/therapists may be encouraged to recommend and utilize the gift of forgiveness as a tool for healing of past hurts. It would both empower the client and prove cost effective saving the individual, health, and insurance industry millions of dollars.

Though forgiveness did not show any significance with physical health in this study, suppressed anger did. Anger is quite often a primary or secondary issue for many clients. It appears that the releasing of anger is quite advantageous for one's health. Forgiveness, even though no relationship with health was found in this study, would still be a worthy tool to use to assist in bringing healing to clients. Forgiveness has demonstrated the ability to deflate anger (Coyle & Enright, 1997; Huang, 1990; Sarinopoulos, 1996;). If forgiveness is successful in diminishing anger, then it will indirectly be beneficial to an individual's health. It still can be recommended with a certain confidence as a means to achieve balance and wholeness.

Limitations

This study was limited by the exclusive pooling of volunteers from two Catholic churches. The population for the most part was homogenous not only in religion, but race and socioeconomic level. There was a glaring underrepresentation (nil) of any minority group. A broader range of participants offering a greater diversity may have offered

different insights and findings. A flagrant oversight was that there was no question taking into account the individual's race and ethnic background. It would have been very valuable to see if any difference would have been noted in people of different ethnicity, religion, and socioeconomic backgrounds.

A second limitation was the total reliance on a pen and paper instrument. In working with a senior population one must recognize that some capabilities may be severely diminished. In this population, a significant number had been unaccustomed to applying themselves to a pen and paper instrument of this length. For many, most likely it had been many years since they filled out such lengthy questionnaires. Weariness may have been a factor. Following and/or remembering instructions for later instruments was possibly a posing challenge for some. Though directions were given and time for questions and assistance was available, there were still incomplete instruments that had to be discarded. This may have been by choice, misunderstanding, or the inability to hear clearly or stay on task. Possibly even the attraction of a hot meal could have enticed some to answer quickly or incompletely. In the future it may be judicious to interview the volunteers in a one-on-one setting in order to obtain an accurate portrayal of their thoughts and feelings.

A third limitation was the size of the first testing. The first testing had over 200 participants. Now more sensitive to their possible diminished physical stamina, concentration, and ability to follow directions, I would have divided the group into smaller groups and had multiple testing opportunities. The room, though adequate, may have been too congested, which may have detracted from their ability to concentrate.

A fourth limitation was treating all hurts as equivalent. The participants were asked to reflect on an unfair, unjust painful incidence, and they ranged from infidelity to not being invited to breakfast. Seemingly the gravity of the hurt would have a greater effect on an individual. Yet there was no accounting for the severity of the hurt. The time frame was also treated as if homogeneous. Some recalled a recent experience of a few days, while others went back many years. There was no distinction or clarification of the time element. If a lack of forgiveness is detrimental to an individual's health, then it would seem the longer the duration, greater would be the harm. Yet, all incidents were treated equally. Limiting the time frame from when the incident occurred would offer a more valid and congruent example.

Future Research

Forgiveness is now an exciting and enthralling new frontier for psychological research and investigation. Though scientific research on forgiveness has increased dramatically over the last 15 years, questions about forgiveness continue to increase. This fertile ground remains largely untapped. One preliminary area for study is clarifying and obtaining a consensus of what precisely the term forgiveness means. Theorists and practitioners appear to have no problem in identifying and agreeing on those things that forgiveness is not (pardoning, excusing, forgetting) (Enright & Coyle, 1998) but continue to struggle to agree on what forgiveness is. Researchers and practitioners will need to agree on this foundational definition that will guide and direct research and practice.

Longitudinal research would be extremely helpful in studying forgiveness, particularly when studying an older population. Changes in health may be recognized and

correlated with major life events. It may enable theorists to better determine changes in health coinciding with major injustices and transgressions.

Another area for research is to explore what enables an individual to forgive. What traits are necessary to allow an individual to forgive even in the face of tremendous injustice? Why is it that some are more inclined to choose forgiveness while others struggle with it? Is this remarkable ability to forgive linked to a personality trait, moral strength, or spiritual quality? Perhaps certain personality traits or social supports are more health promoting than the specific act of forgiving. It is worth our effort to investigate this.

As forgiveness is closely linked to spirituality and is a core tenet of the major religions, what role does religion play? Is there a significant difference in the ability to forgive found in those who profess and practice religion compared to those who claim no such affiliation? Will those having no religious affiliation and feeling no divine ordinance to forgive suffer any consequence to their health if they choose unforgiveness? Guilt may also be a key factor in the study. Those with a strong religious background and who fail to forgive, may be overwhelmed by sentiments of guilt. What would be the negative outcome, if any, from this? Perhaps those who have no religious background and feel no compunction to forgive may be perfectly satisfied in choosing not to forgive. What would the data indicate for those who choose not to forgive without any remorse?

A prime area of research is the health/forgiveness factor of senior citizens from different socioeconomic background, race, and religion. How does the availability of more resources due to economic privilege affect the health and attitude of forgivers compared to those with no such opportunity? Another intriguing area of study would be

to analyze the health of those people who have suffered a history of discrimination. There are many people who have suffered a lifetime of unjust treatment and prejudice and have dealt with it in different ways. Would there be a measurable difference in the health of forgivers and nonforgivers? A study enlisting the participation of Native Americans, African Americans, or holocaust survivors would be quite enlightening.

Though forgiveness did not prove significant in this study, it still may prove to be advantageous for one's health. Noted in the results was that anger, particularly suppressed anger, was strongly related to health. A valuable study would be to research the relationship between forgiveness and anger. If forgiveness can be shown to reduce anger it would subsequently improve the individual's health. Forgiveness may very well be quite important as a means to improve one's health.

These are just some of the areas where I believe research should set its course. Forgiveness is still a relatively unknown entity with broad parameters. It just might be an efficient remedy for the pains from injustice and inequity that afflicts the mind, body, soul, and spirit.

APPENDIX A
VOLUNTEER INVITATION LETTER
AND CHURCH BULLETIN NOTICE

My Dear Friend,

How would like to be part of a groundbreaking study that will help connect and foster a relationship between health and spirituality in senior citizens (ages 65 years and older)? You can by filling out questionnaires on Tuesday, July 24th at 10:00 a.m. in the Parish Hall. The questionnaires should take approximately an hour and 15 minutes. Then we have a free LUNCH!. Your assistance is appreciated. This study is under the auspices of the University of Florida.

Gratefully,

Fr. Tom Connery

Please detach and either mail in, bring to parish office, or drop in the collection basket.

Name _____

Phone _____

☐ Yes, I will be there

☐ I am interested in helping but cannot make it that date

The following notice appeared in the church bulletin on July 22, 2001.

SIXTY MORE PEOPLE NEEDED FOR SURVEY AND FREE FOOD!
Come be part of a ground-breaking study that will help connect and foster a relationship between health and spirituality in senior citizens (ages 65 and older). Join us Tue., July 24, 10:00 a.m., Paris Hall—help us by completing a questionnaire followed by a delicious free meal!

APPENDIX B
INFORMED CONSENT

I ask your assistance with this research project. The project should fulfill two objectives. First, this work fulfills, in part, the requirements for my dissertation. More importantly, I hope that the results of this effort will benefit research in the field of health psychology. If you agree to participate, please complete the attached questionnaires. There are 9 questionnaires (some of them are very short) which should take you a total of 60 to 75 minutes to complete. The questionnaires will center on health and relationship issues. Your participation is totally voluntary and you may withdraw participation at any time without penalty or loss of benefit. The questionnaires will be given random numbers to maintain your anonymity. You are assured of complete anonymity. Please keep one copy of this consent form for your personal files. Thank you kindly for your help.

I certify that I have read and understand the foregoing and that I have been advised that I am free to withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefit. I herewith give my consent to participate in this project with the understanding that such consent does not waive my legal rights.

Signature of the Participant

ID# _____

Date

If you have questions about this research, please feel free to contact

Dr. Thomas Connery, 3050 North Highway A1A, Indialantic, FL 32903, (321) 773-2783
or

Dr. Lee Rachiele, Counseling Center, (321) 773-6010

APPENDIX C
BASIC INFORMATION QUESTIONNAIRE

Please fill out the information

(1) Age _____

(2) Gender: M _____1_____ F _____2_____

(3) Highest education level attained (check one):

_____ Elementary school 1

_____ College graduate 5

_____ Some high school 2

_____ Some graduate school 6

_____ High school graduate 3

_____ Master's degree 7

_____ Some college 4

_____ Ph.D. degree 8

(4) Occupation _____ (If student please say so) Before Retirement

Housewife 1

Clerical 3

Student 5

Business 7

Factory 2

Manager 4

Teacher 6

Doctor/lawyer 8

(6) Average number of hours worked per week _____

(7) Marital status: Single 1

Married 2

Divorced 3

Separated 4

Remarried 5

Widowed 6

(8) Height _____

(9) Weight _____

(10) Income:

1 < \$5,000

2 \$5,000 to 9,999

3 \$10,000 to 19,999

4 \$20,000 to 29,999

5 \$30,000 to 39,999

6 \$40,000 to 49,999

7 \$50,000 to 69,999

8 \$70,000 to 89,999

9 \$90,000 or more

(11) Are you a member of a religious group? Yes No

If yes, which group _____

Prot 1

Luth 3

Unit 5

Meth 7

Cath 2

Jew 4

Bapt 6

APPENDIX D
ACTIVITIES AND HABITS QUESTIONNAIRE

1. How many blocks (or an equal distance) do you walk each day?
_____ # of blocks
2. On the average, about how many hours a week do you spend in a moderately hard physical activity such as walking fast, using a lawnmower, bicycling, dancing or sports?
_____ # of hours per week
3. Are you more or less physically active than most people your age?
___Much less ___A little less ___A little more ___Much more
4. How often do you add salt to your food at the table?
___Most of the time ___Sometimes ___Rarely ___Never
5. How much salt do you usually add to your food?
___A lot ___A moderate amount ___A little ___None
6. How much salty food do you eat?
___A lot ___A moderate amount ___A little ___None
7. Is your weight too much, about right, or too little?
___Way too high ___Moderately high ___A little high
___About right ___A little low ___Way too low
8. How much of the following beverage do you usually drink on an average day?
(a) Regular coffee (with caffeine) _____ # of cups a day

(b) Soft drinks with caffeine _____ # of drinks or cans a day
(such as Coke, Tab, Dr. Pepper)
9. In an average week, how much of the following do you drink? (if none, mark 0)
(a) Wine _____ # of glasses a week (b) Beer _____ # of cans or bottles/week
(c) Hard liquor (gin, vodka, etc.) _____ # of glasses a week

10. Have you ever smoked cigars or pipes regularly? _____ Yes _____ No

(a) Do you smoke cigars or a pipe presently? _____ Yes _____ No

(b) Do you smoke cigarettes presently? _____ Yes _____ No

11. Have you ever smoked cigarettes regularly? _____ Yes _____ No

Present smokers

How many cigarettes

____ # of cigarettes

How many years have you smoked all together (i.e., not including times you quit)?_# of cigarettes

Past smokers

How many cigarettes did you smoke a day? _____ # of cigarettes

How many years did you smoke all together?(i.e., not including times you quit)_____# cigarettes

How many years ago did you quit?

_____ # years

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BIOGRAPHICAL SKETCH

Father Thomas Connery is one of six children born and raised in New York City. With a strong desire to serve others, he entered the seminary and was ordained a priest in 1983. He has taught in high school, has served in summer missionary work, and is presently working in a parish maintaining a strong interest in youth. Clowning and puppetry are just two of the means that he employs to reach others. Tom acquired his master's degree in counseling from the University of South Florida and his Master of Divinity from the Pontifical College Josephinum, Ohio. In the future, he would like to use his skill and knowledge to assist runaway youth.

As a priest, he remains unmarried but does have two beautiful basset hounds, Molly and Sweetpea, whom he loves deeply.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Mary F. Howard-Hamilton, Chair
Associate Professor of Educational
Leadership, Policy, and Foundations

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



James Archer
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



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